Clinical Lectures
ON THE
COMMON FORMS OF PARALYSIS FROM BRAIN DISEASE.

Delivered at University College Hospital,

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LECTURE III.

GENTLEMEN,—We turn now to the consideration of another mode of onset of the hemiplegic state—

(2) The *Epileptiform*. This is merely a variety of the apoplectic mode of onset, which we considered in the last lecture; only in it the patient drops down, either with or without prodromata, not merely insensible, but actually convulsed. He has, in fact, a kind of epileptic fit, though he may never have had one before; and after a time, when consciousness is restored, or perhaps sooner, it is discovered that the patient is paralysed on one side of his body. This mode of onset of hemiplegia is interesting in many respects, but principally on account of its complicated relations with the epileptic condition. You must not forget, however, that there are two distinct classes of cases included under this head. There are, first, the cases referred to in a previous lecture, in which a very brief and temporary hemiplegia is apt to follow certain severe attacks of unilateral convulsions; the hemiplegic condition in these cases being due merely to vascular spasms *plus* certain minute but undiscoverable molecular changes in definite parts of the brain. Secondly, there is the much more formidable group of cases in which we have to do with distinct and obvious organic lesions in the brain, giving rise both to the epileptiform mode of onset and to the more persistent hemiplegic condition thus initiated.

There is no reason of course why this second state of things, due to the occurrence of a new and obvious brain lesion, should not take place in persons who have been previously epileptic, although in their case an epileptic fit has never previously been followed by hemiplegia. Actually, however, this mode of onset occurs more frequently in those who, previous to the commencement of the paralysing lesion, had not been epileptic—simply because such persons are so much more numerous than those who have been afflicted with epileptic attacks. Although prodromata may be absent altogether, or, if present, may be most variable in nature, still I think that two sets of symptoms, either singly or in concert, are especially apt to precede this mode of onset: these are, pains in the head and muscular twitchings in different parts of the body. Where they have been present a fit may subsequently occur (though the person has never previously had one), and this may be followed by other epileptiform attacks at short intervals, after one of which the patient is discovered to be hemiplegic. A good instance of this mode of onset occurred in a patient who was under my care a few years ago. A woman, thirty-four years of age, had a first fit whilst in the street; but she was able to walk home, and during the next forty-eight hours she had twelve other attacks. She was then brought to this hospital, and was not at the time paralysed; but soon after her admission she had another series of epileptiform convulsions affecting both sides of the body, though the twitchings were more marked in the right limbs and right side of the face. During the intervals between these latter convulsive attacks it was found that the face was partially paralysed on the right side, the right arm was completely paralysed, and the right leg was powerless to a less extent. The convulsions then ceased, but the patient remained hemiplegic for several months, and probably longer, though she was after a time lost sight of. In another patient, a girl eight years old, who was seen elsewhere, prodromata occurred in the form of a slight maniacal condition. This was brought to a close at the expiration of three weeks by the occurrence of four fits, one after another in quick succession, in each of which there was a general convulsive condition. The patient was then found to be paralysed on the right side of the body, and the paralysis persisted for more than twelve months. In this child there was hypertrophy of the heart, together with loud basic systolic and diastolic murmurs. On other occasions the initial attack is characterised by unilateral convulsions. An instance of this occurred in a woman who was under my care at the National Hospital for the Paralysed and Epileptic. She was forty-two years of age, and, whilst dressing, was suddenly seized with convulsions affecting the left limbs and face. She became unconscious at once, and the convulsions continued, with occasional intermissions, for an hour and a half. She was then found to be paralysed on the left side, and she remained in a more or less unconscious state for fourteen days. The paralysis persisted, and her speech continued indistinct, for a long time.

Some of the patients whose hemiplegic condition is thus initiated are subsequently liable to a recurrence of epileptic attacks at variable intervals; but in many cases no subsequent attack occurs, even though the patient may live for many years: from which we may conclude that the epileptiform symptoms were probably due to the early irritative stage of a brain lesion which rapidly advanced so as to leave no tendency to the recurrence of epileptic attacks. The early pathological state becomes blotted out by the fully developed lesion by which it is more or less immediately followed, and upon which the persistent paralysis depends.

As we have seen, the convulsions in this mode of onset of hemiplegia may be general—and this is the rule,—though more rarely they are limited to one side of the body. This unilateral limitation is most frequent in cases such as I described to you in the last lecture, and which, with the view to brevity, I may class under the term "functional hemiplegia." And where the convulsion does occur wholly or principally on one side of the body, this side, in the great majority of cases, corresponds with that which is either known at the time or subsequently found to be paralysed. Where convulsions occur after paralysis already exists, it occasionally happens that the non-paralysed side is the one which is agitated or affected with clonic spasms. But the rule laid down by Andral in explanation of such cases is decidedly that which finds most support from a careful scrutiny of the facts. He maintained that convulsion occurring on one side of the body with paralysis of the other is indicative of a simultaneous though unequal damage to both hemispheres of the brain. There is a grave lesion in one hemisphere causing the hemiplegia, and a slighter lesion in the opposite hemisphere giving rise to the convulsions or spasms of the non-paralysed side,—which may affect the whole of the side or only one part of it, such as the face and the arm, or the arm alone. I could cite many cases in support of this view—cases especially in which the second or minor lesion has occurred in or upon the surface of the brain. And here slight hæmorrhages or softenings of the cortical grey matter, or limited patches of meningo-cerebritis, will be the coexistent conditions most frequently met with as the causes of convulsion on the opposite non-paralysed side of the body. But occasionally symptoms of this type are also produced by hæmorrhages into the ventricles, irritating the corpus striatum of the opposite side. Where these movements are of a partial character and dependent upon a superficial lesion, they may not be attended by any loss of consciousness, though they are also apt to occur during the early stages of the disease, whilst the patient is still in a state of stupor.

And this reminds me that there is another peculiarity of the class of cases with an epileptiform mode of onset to which I ought to direct your attention—namely, the frequency with which very prolonged periods of stupor or partial unconsciousness are met with. I have already mentioned a case of hemiplegia thus initiated in which such a condition persisted for fourteen days, and the period is occasionally even much longer than this. The condition is, however, far from being one of complete coma. The patient may remain in a dull, lethargic state, with eyes closed or only half open, taking no notice of anything that is going on around. He does not always lie still, however. There is often much restlessness, whilst the pulse is slow,

and beating perhaps only about 60 per minute. After a time he begins to display more signs of intelligence in look and manner. His attention may now be slightly arrested; efforts to speak are made, and the full possession of consciousness is gradually regained. Now this kind of stupor is quite different from coma in more ways than one, though more especially from a prognostic point of view. A patient who continues deeply comatose for forty-eight hours only very rarely recovers; whilst, on the other hand, the state of stupor following the epileptiform mode of onset may exist for three, four, five, or even six weeks, and yet the patient may ultimately do well. You know, however, that an attack of epilepsy, and more especially a rapid succession of epileptiform attacks, even where no paralysis is produced, is not unfrequently followed by stupor for many hours, or even for several days. And now we find that where a somewhat similar "status epilepticus" occurs in an individual whose brain is at the same time so seriously damaged as to entail a lasting hemiplegia, the condition of stupor may be much more remarkably prolonged—that is, it may last even for weeks.

As to the cause of the epileptic mode of onset little that is definite can be said. We cannot say why lesions should at one time produce effects of an irritative nature leading to the evolution of general or partial epileptic convulsions, whilst *apparently* similar lesions in other cases produce no such results. This mode of onset is not strictly related to the occurrence of lesions in any one part of the encephalon; it may, indeed, present itself where the most dissimilar regions are injured. Still our clinical experience suffices to show the very great frequency with which convulsions occur in association with lesions of the surface of the hemispheres, as compared with lesions of other parts of the brain. An extensive study of the literature of the subject suffices to confirm this view, which has of late, moreover, been still further strengthened by the admirably worked-out conclusions of Dr. Hughlings Jackson as to the almost invariable association of epileptiform attacks, pain, and double optic neuritis in cases where actual tumours or new growths implicate the cortical substance of the hemispheres. The connexion between convulsions and lesions of the surface of the brain is still further supported by the highly important experimental results which have been obtained by irritating different portions of the cortical grey matter by Fritz and Hitzig, and of late by Dr. Ferrier. For, however difficult it may be to find the correct interpretation of these latter experiments—that is, to explain them in accordance with physiological principles—the facts themselves have great significance. From what I said to you in the last lecture you will understand that we, as practitioners of medicine, may appropriate the facts as they exist, since we are in a measure rendered independent of those more subtle considerations which must necessarily weigh with the physiologist in his search after their interpretation. Looked at from a professional point of view, the simple question for us is—Does irritation of the cortical grey matter on the upper and outer part of the cerebral hemispheres tend to produce convulsions? And this question may now undoubtedly be answered in the affirmative. If I could end here, gentlemen, you would be left with a simple rule for your future guidance; but unfortunately this cannot be done. As it was with regard to the apoplectic condition, so now I am compelled to say that the epileptiform mode of onset may be met with in association with lesions of almost any part of the encephalon. Lesions in the substance of the hemispheres, in the opto-striate bodies, in the crura cerebri, in the cerebellum, and in the pons Varolii, and adjacent parts, may each occasionally give rise to hemiplegia with an epileptiform mode of onset. Of these various regions, however, injury to the last-mentioned, or pons Varolii, next to that of the cortical substance of the hemispheres, is perhaps most prone to be associated with an epileptiform attack at the onset. With lesions in other situations such symptoms are only occasionally met with, though, as Mr. Callender has pointed out, they seem very frequent with lesions of the white substance in the right hemisphere outside the opto-striate bodies. The occurrence of an epileptiform mode of onset therefore cannot alone guide us with any certainty to the first stage of our diagnosis—namely, that of the region affected. The particular combination present—the mode in which this is combined with other symptoms—must be carefully studied before we are entitled to come to any conclusion on this important part of our diagnosis.

Before proceeding to a consideration of the third or simple mode of onset of hemiplegia, I ought to direct your attention to certain important modifications of the temperature of the body, and of the pulse and respiration, which have been observed during the apoplectic state, as well as during the more or less profound stupor following an epileptiform onset of hemiplegia. These data we owe almost entirely to the careful observations of M. Charcot and his pupils at the Salpêtrière, and they have been recently embodied and published by Bourneville, one of the most distinguished of these former pupils, who has himself done important independent work in this direction. These investigations are all the more valuable because of the scanty and vague information which we formerly possessed concerning this stage of the hemiplegic condition.

Looked at from the point of view of the variations in temperature that are to be met with, Bourneville divides cases of apoplexy due to cerebral hæmorrhage into four categories. (1) Cases produced by very large cerebral hæmorrhages, or in which two or more bleedings rapidly succeed one another. Here death often occurs in an hour or two, and during this period the temperature of the body is decidedly lowered. (2) Cases in which death takes place in ten to twenty-four hours, and where the temperature is at first lowered, though the temporary depression is soon followed by a rapidly increasing rise of body heat. (3) Cases terminating in death at the end of a few days. Here there is, (*a*) an initial lowering of temperature; (*b*) a stationary period in which, after regaining its physiological standard, the temperature of the body undergoes slight oscillations above and below this point; and (*c*) an ascending period in which the temperature steadily rises. (4) Cases in which the patient recovers. Here we have an initial lowering of temperature, as in the other cases, followed by a temporary rise and succeeded by a pretty speedy return to the normal standard.

Now, taking as our type the cases which belong to the third category, I shall be able to lay before you the facts ascertained by Bourneville concerning the several thermometric stages and the modifications of pulse and respiration which they entail, or which, at all events, accompany them. These details refer to temperatures taken in the rectum, and they have to be studied for each of the three periods—for the period of initial lowering, for the stationary period, and for the ascending period of body head.

(*a*) *Period of initial lowering.* — When the temperature is taken about a quarter of an hour after the onset of the apoplectic attack, it is usually found to be already below the normal standard (probably at about 97½°), though there may be no notable alteration in the character of the pulse or of the respiration. Occasionally the fall of temperature takes place a little later, but in either case it may sink as low as 96°. Any recurrence or continuance of the bleeding into or upon the brain causes the temperature to remain for a longer period at this low point, or will again depress it should it have begun to rise. During this period all the more familiar apoplectic symptoms are well-marked—coma, resolution of limbs, stertor, with or without occasional vomiting and relaxation of the sphincters, are to be met with.

(*b*) *Stationary period.* — In an hour or two, should the patient survive, we begin to get more distinct evidences of the hemiplegic condition. The state of coma passes perhaps into one of stupor, in which the patient is less profoundly insensible. The alterations in temperature, however, now to be described may still supervene even where the coma continues without diminution. In this stage, then, the temperature returns to the normal 99½°, or it may rise to 101°, and it continues to oscillate rather irregularly between these two points for two, three, or four days. During this time the respiration is not sensibly altered in frequency, and the fluctuations of the pulse are slight and irregular; the rising and falling in the number of beats being by no means always harmonious with the fluctuations in temperature.

Now, as I have already stated, in the most severe cases of apoplexy the patient dies in less than two hours, or whilst the temperature is still low; and where the patient is destined to die in from ten to twenty-four hours the comparatively stationary period just described is also absent,

the primary depression of temperature being followed by a steady and continuous rise till it reaches at the time of death some point ranging between 104° and 108°. On the other hand, in instances where the stationary period is present, if the patient is destined to recover from the immediate effects of the already existing brain lesion, and if no visceral disease of an inflammatory nature (in the lungs, for instance) should complicate the case, the temperature after two or three days of slight elevation sinks to the normal grade, and there remains. If, on the other hand, the brain lesion is such that the patient is likely to die in the course of a day or two more, the stationary period is followed by another change in the temperature of the body.

(*c*) *Ascending period.*—A rise of temperature, of a rapid and continuous character, is just as unfavourable a sign when it sets in after a "stationary period" as when it occurs immediately after the period of "initial lowering." As a rule, death is then not far distant, and the temperature may rise, as before stated, to any point between 104° and 108°, the maximum being attained at the time of death, or very shortly afterwards. During this stage, too, the pulse and the respiration are much more constant in their characters than they are during the earlier stages. The pulse becomes small and very frequent—120 to 136 per minute. The respiration increases in frequency (48 to 64), and is also laboured, noisy, and often complicated with laryngo-tracheal râles. At the same time the extremities become dusky, especially on the paralysed side; whilst the face is red, swollen, and covered with an abundant clammy sweat. Finally, there is the most absolute muscular resolution in all parts of the body, even where more or less rigidity had previously existed.

You will remember that the temperatures which I have cited have been taken in the rectum, and it is necessary for me to warn you here that the temperature on the paralysed and on the non-paralysed sides of the body may be different even during the continuance of the apoplectic condition, so that there is a real advantage in obtaining the rectal temperature if we wish to study its changes during the apoplectic state. To this question of the difference in temperature between the two sides of the body I shall have to return further on. At present I wish to speak to you concerning a frequent and very definite sign of the hemiplegic condition which may be present from the first both in the apoplectic and in the epileptiform mode of onset. I allude to a condition to which attention has been more particularly given of late years, first definitely described by Lockhart Clarke, and now known by the name of "conjugated deviation" of the eyes. Both eyes are turned as they would be if the individual were looking upwards over one or other shoulder, and this appearance is still further simulated in the majority of cases by a rotation of the head and neck in the same direction.

Conjugated deviation of the eyes.—This sign is supposed by M. Prevost and other physiologists to be related to the phenomena of "rotation" frequently observed in the lower animals after many unilateral lesions of the brain. On examination of a patient presenting this sign, it will be found that there is frequently a certain rigidity of the muscles of the neck, and attempts to bring the head back into the median position may produce some pain. When the head has been brought back in this way, as a rule it relapses into its previous position as soon as the pressure is withdrawn. The eyes are usually motionless, though they occasionally exhibit the minute oscillations known as *nystagmus*. In either case the pupils are lodged close to the palpebral commissures away from the paralysed side, one being against the outer whilst the other is against the inner canthus. The pupils themselves are altogether variable as regards their state of contraction. If the patient (when conscious) be told to move the eyes in the opposite direction, it is found that he can scarcely bring them to the middle line, and as soon as the effort ceases they return to their original position. In some cases this conjugated deviation of the eyes is much less marked than I have here described: there may be only a tendency towards the condition, and this may exist alone or without any obvious rotation of the head.

M. Prevost has devoted much attention to this particular sign, as it occurs in the human subject from lesions in various parts of the cerebrum. It derives its diagnostic value from the fact that the lateral deviation of the eyes and head, when present, is always towards the side on which the brain lesion exists—that is, away from the paralysed side of the body. To this rule only two or three exceptions have been met with, and in each of these exceptional cases the lesion has been situated in the pons Varolii. So that, according to Prevost, the sign is somewhat uncertain in its indications when we have to do with lesions in the pons Varolii, though, for all parts of the brain above, it follows the rule already mentioned with undeviating regularity. Met with occasionally with lesions in or upon the surface of either hemisphere, this sign occurs with greater proportional frequency as the lesion approaches the cerebral peduncles. It is especially apt to present itself in attacks whose onset has been abrupt. It often lasts but a short time, though it may persist for many days, or, more rarely still, for several weeks.

Having concluded my account of the apoplectic and epileptiform modes of onset of hemiplegia, we must now turn to the remaining mode in which this affection is apt to commence.

(To be concluded.)

Clinical Lecture

ON TWO CASES OF

ANEURISM OF THE ARCH OF THE AORTA TREATED BY GALVANO-PUNCTURE.

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(*Concluded from p.* 826.)

THE other day you had an opportunity of witnessing the post-mortem examination of another case in which galvano-puncture was performed eighteen months previously. I need not enter fully into the history of this case, because it has already formed the subject of a lecture, at which I believe some of you were present, and because it was fully reported in THE LANCET last year. In this case the aneurism formed a prominence in the left infra-clavicular region. In March, 1872, "it was observed that the swelling was becoming gradually more prominent and softer, and by the end of the month it was evidently a question of days only when the red blush would appear upon the skin as a prelude to fatal rupture." In this case galvano-puncture was performed four times—namely, on the 4th, 19th, and 26th of April, and on the 27th of August. On the 26th of October the last report was taken before the patient left the hospital. "The tumour is now only a quarter of its size before galvano-puncture was resorted to, and it is for the most part very solid, much more so than the surrounding healthy parts of the chest. There is no trace of purring tremor, and its pulsation is much diminished, though still distinct, especially in the central softened part of the swelling. The systolic murmur, too, is still present, although it is much softer than formerly. There is no change in the pulse. The patient feels in the most perfect health, and her only complaint is of a feeling of pulsation within the chest."

This patient was readmitted on the 20th November, 1873. Before leaving the hospital she was warned that it was absolutely necessary for her to avoid everything in the shape of mental excitement or bodily exertion; in fact, that she must look upon herself for the rest of her life as an invalid—that she must lead the life of a chrysalis. Now this is the way in which she carried out these instructions. On the 5th March of that year, more than six months after the last operation, she resumed her work at a bleach-field, where her principal occupation consisted in carrying heavy loads of goods upon her shoulders. She continued this for four and a half months, during which time she not only worked all day, but also engaged in arduous household work at night. She left the bleach-field towards the end of July, on account of a feeling of weakness and of breathlessness, and because she noticed that her abdomen was much dis-

tended, and she feared that she was becoming dropsical. She soon partially recovered, and remained in tolerable health until nine weeks prior to her readmission, when, most of her underclothing having been stolen, and having exposed herself in consequence without those garments, she caught cold, and was seized with a hard dry cough, accompanied by increase of weakness and anorexia. In a few weeks, to these symptoms were superadded, what is a most serious complication in such a case, constant retching, which she encouraged by putting her finger into her throat, in the hope of getting relief. This increased the feeling of pulsation within the tumour. Well, you had the opportunity of examining this patient, and of making along with me an examination of her chest; and what did we find? We found that over the seat of the previous swelling there was only slight fulness to be observed. On looking at the chest-walls pulsation could be only indistinctly seen. It was somewhat more appreciable, however, on the application of the hand. There was no trace of purring tremor. The dulness on percussion, however, remained, as was to be expected, just as when she was first admitted into the hospital. The systolic murmur was heard over the whole præcordial region, but most distinctly at the apex. It was only faintly audible over the tumour, sometimes not audible at all, and seemed to be a communicated apex murmur. The right carotid pulsated more strongly than the left. She had slight cough, and the breathing was more distinct over the right than over the left lung. There was some lividity of the face and lips. The abdomen was distended, but there was no evidence of accumulation of fluid in the cavity of the peritoneum. The retching still continued; and she had no appetite, and complained of great weakness. Shortly after admission her bronchitic symptoms became much aggravated. Bronchitic râles were heard over the whole of the chest, which were moist at the bases and especially marked over the left base. To these symptoms were soon superadded symptoms of passive congestion of the system—symptoms indicating an impediment to the free return of blood from the system to the heart. The jugular veins became very prominent; the lividity of the face increased; there was well-marked anasarca; and the urine became scanty (from sixteen to twenty-four ounces in the twenty-four hours), high-coloured, and deposited lithates abundantly. Its specific gravity was normal. It contained a good deal of albumen, but no casts could be discovered. On the 24th December, at 6 P.M., the patient fell into a state of collapse. She became extremely livid; her skin was cold, and covered with a clammy perspiration; there was great sickness; and she was all but pulseless. From this state of collapse, however, she rallied. On the 5th January, 1874, she had a similar attack. From this also she partially rallied; but finally sank on the evening of the 7th January—that is, 498 days after the last operation.

On making a post-mortem examination, considerable fulness was observed at the upper part of the chest in front, especially to the left of the middle line. On removing the sternum, its inner surface was found to be much eroded on a level with the second and third ribs, these, especially the last, being similarly involved. The upper part of the cavity of the thorax, especially on the left side, was occupied by a very large tumour, measuring 4½ in. from before backwards, 5½ in. vertically, and 6½ in. transversely. Its upper border was on a level with the top of the sternum. It lay in front of the trachea, which, as well as the right bronchus, was in no way involved; the left bronchus passed beneath the lowest part of the tumour, and was not much compressed. The right lung was rather firmer than natural and somewhat œdematous, and at its upper part a few patches of condensation were discovered. The left lung, which was partly adherent to the tumour, was completely carnified and flattened out and compressed against the posterior wall of the chest. The pericardium was completely adherent. On opening the aorta, and making a section of the tumour from before backwards, the latter was found to be an aneurism formed by a dilatation of the aorta, implicating the whole of the transverse and descending portions of the arch, and projecting forward. The great vessels sprang from the walls of the tumour. The aneurismal dilatation was completely filled with firm, pale, fibrinous and stratified clots, but at the lowest part of the tumour the blood had partially separated the stratified clots from the walls of the aneurism and penetrated the walls of the sac and the left pleura on a level with the middle of the anterior edge of the compressed lung. The left pleura contained a considerable quantity of bloody serum and recent blood-clots. The other organs of the body were healthy. [Preparation shown.]

Well, gentlemen, although this patient has finally succumbed, I think it must be admitted that her case is an illustration of the most perfect cure of an aneurism which it is possible to expect. For if she had been in another rank of life, and had been in a position to obtain bodily repose, she would undoubtedly have been living now, and might have continued in comparative comfort for an indefinite period of time.

In conclusion, let me state shortly my experience of the best method of procedure in the treatment of aneurism by electrolysis. The kind of battery to be used is not of very much importance; the principal thing is to see that it is in good order. I prefer Stöhrer's battery, being accustomed to it, and perhaps it is better to use one the cells of which are large. As to the strength of the current, I am inclined to believe that, in some cases at all events, the want of success has been due in great measure to using it too strong, and that it is much better to employ a weak current, and, if necessary, to continue the operation for a longer period of time. The needles to be used should be sharp and not too coarse, and that portion which penetrates the skin, the walls of the sac, and the intervening tissues should be insulated with vulcanite. They should be oiled before being introduced. In the majority of instances one needle is sufficient, but sometimes, especially in the case of large aneurisms, two or more may be necessary. There is much difference of opinion as to how the needles should be connected with the battery. I prefer connecting them with the positive pole. In this respect I differ from Dr. Althaus, who says: "From the results of the foregoing cases, I have no doubt whatever that the most effective application of the current is that when both poles are inserted into the sac. This mode of application is also that employed by Ciniselli and Dr. Duncan of Edinburgh. Both poles are useful in different ways. The positive produces a small firm clot, and the negative a large soft one. When only one pole is in the sac the resistance encountered by the electricity is so great that a much larger galvanic power has to be used to produce any effect at all, and even then the effect of that pole which remains outside is lost." And yet it is a very curious circumstance that one of the most successful cases recorded in Dr. Althaus' book is the one which I have last detailed to you, in which the needle was connected with the positive pole alone, and a very weak current was employed. I prefer connecting the battery with the positive pole because the clot which forms at the positive is much firmer than that which forms at the negative, and because there is less danger of hæmorrhage. This is well illustrated in the first case which I brought under your notice to-day, and also in several of the cases related in Dr. Althaus' book. The hæmorrhage is objectionable because, besides being an unpleasant complication, it alarms the patient and is calculated to excite the circulation, and because it is a proof that the coagulation at the negative pole is of a very unsatisfactory character. To sum up, then, although further experience on my own part and upon that of others may tend to modify my opinions on the subject, I am in favour of using a battery with large cells, of employing a weak current, of using one or more needles, insulated with vulcanite at that part which penetrates the skin and walls of the sac, and of connecting these needles in every case with the positive pole of the battery.

DETECTION OF ALCOHOL IN ORGANIC FLUIDS.—It is generally difficult to detect alcohol in organic fluids on account of the small quantity of liquid usually available, and the absence of a special reactive. M. Berthelot has discovered a very valuable reaction. When placed in presence of water, cold or tepid, benzoic chloride ($C_{14}H_5ClO_2$) decomposes very slowly. But if alcohol is added, benzoic ether is immediately formed, and precipitates into the chloride in excess. The presence of the ether becomes manifest when a few drops of the liquid are treated with a solution of caustic potash; the chloride alone is dissolved, and the ether remains untouched. This reaction is very marked with a liquid containing 1 per cent. of alcohol, and permits the chemist to dispense with distillation.—*Tribune Médicale.*

ON

SOME IMPROVEMENTS IN THE SINGLE AND DOUBLE CURVED FORCEPS AND THEIR USE IN MIDWIFERY PRACTICE.

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IN the following observations I purpose—first, to show that the dangers of childbirth have been lessened of late years by the more frequent and judicious use of the forceps; secondly, to describe some modifications in the construction of the single and double curved varieties of this instrument; thirdly, to point out the cases in which these are applicable, and the manner in which they should be employed.

Upwards of a century ago the forceps appears to have been very generally and indiscriminately resorted to in midwifery practice in this country. A reaction in professional opinion then set in, extending against even its legitimate use, and so far did the prejudice go that for many years the only instrumental assistance afforded in cases of difficult labour was craniotomy, or, as Sir James Simpson well said of this operation and its results, "Cold steel for the child, and mercury for the mother."

The reports of the Dublin Lying-in Hospital afford a remarkable proof of the neglect into which the forceps had fallen at the period just referred to, and also of the saving of human life and suffering which has resulted from its reintroduction into modern practice. From these statistics, an abstract of which was published in my lectures some years ago, we learn that during the "Mastership," as it is termed, of Dr. Clarke, from 1787 to 1794, there were 10,387 deliveries in the hospital, of which only 14 were assisted with the forceps, and 6 of the patients so assisted died; and no less than 49 patients were delivered by craniotomy, 16 of whom died. From 1815 to 1821, while Dr. Labatt was Master, the forceps was never used, although 21,867 births took place in the institution. From 1826 to 1833 Dr. Collin's report includes 16,654 deliveries, 24 of which were accomplished by the forceps with 4 deaths, and 118 by craniotomy, the result of which is not distinctly stated. Under Dr. Charles Johnson's care, from 1842 to 1845, there were 6702 deliveries, in 18 of which the forceps was used, with 5 deaths; in 16 the vectis, and in 54 the perforator, with 8 deaths. The forceps was used more frequently by Dr. Shapleton, in whose time, from 1847 to 1854, there were 13,748 deliveries, with 220 forceps cases, of which 11 died and 209 recovered; whilst the perforator was used in 54 instances, with 15 deaths and 39 recoveries. Dr. M'Clintock, who ruled the hospital from 1854 to 1861, in his last three years of office applied the forceps 56 times with 13 deaths, and the vectis 22 times, with 4 deaths. Thus one or other of these instruments was used once in every 60 cases in 3700 deliveries, whilst the number of craniotomy cases was reduced to 5. Dr. Denham has not yet published his report, but he was, by precept and example, also a constant and able advocate for the timely use of this instrument. The proportion of forceps cases in the hospital is now very large. Thus, from the valuable annual reports of Dr. Johnston, the present Master, we learn that, under his supervision, from Nov. 5th, 1869, to Nov. 5th, 1873, 4634 patients were delivered in the institution, and of these no less than 420, or 1 in 11, were assisted by the forceps, with 386 recoveries and 34 deaths, or 1 in 12; whilst the total number of cases of craniotomy or cephalotripsy was reduced to 20, or 1 in 321, and of these 5, or 1 in 4, died.

In private practice some years ago the use of the forceps was almost forgotten. Thus Dr. Clarke, who was one of the leading obstetricians of his day, in the course of a practice extending over nearly half a century, during which he attended 3878 confinements, only once attempted to apply the forceps. The great change which has taken place in this respect within the last thirty years may be seen by comparing the tables published in Dr. Churchill's first work on "Operative Midwifery," in 1841, with those in the last edition of his "Midwifery," published in 1872. In the former the proportion of forceps cases in British practice was stated to be 1 in 351; whilst in the latter it is said to be 1 in 171. The same distinguished writer in a "Report of Private Obstetrical Practice from Jan. 1832 to Dec. 1870," during which he attended 2547 cases of labour, tells us that he used the forceps in 42 cases (or 1 in 60), with only 3 deaths (or 1 in 14). He also applied it in 80 consultation cases, with but 2 deaths.

The foregoing statistics prove—first, that where the forceps is properly used craniotomy is seldom resorted to; secondly, that the judicious and timely application of the forceps is the safest instrumental operation in midwifery.

The following tables contain an abstract of 148 cases in which I have used the forceps. Of these, 88 occurred in hospital and 60 in private or consultation practice.

The comparative advantages of the straight and double curved forceps have been warmly disputed from the days of Smellie and Leveret to the present time. The controversy, although recently revived, is interesting only on account of the ability with which it has been conducted; as there can be no just or useful comparison between objects which, like the instruments now referred to, are essentially different, and adapted for distinct purposes: the short forceps being intended for cases where the head is detained, generally by inertia, in the cavity of the pelvis, and where only slight

No. 1.—*Cause of Operation in each Case.*

—	Inertia of the uterus.	Disproportion.	Rigidity	Hæmorrhage.	Convulsions.	Rupture of uterus.	Prolapse of cord.	Acute pain.	Threatened rupture.	Impaction of head in breech cases.	Malposition.	Exhaustion.	Total.
In hospital ...	49	15	4	2	2	—	3	1	1	2	7	2	88
In private ...	30	14	3	2	2	1	1	1	—	2	4	—	60
Total	79	29	7	4	4	1	4	2	1	4	11	2	148

No. 2.—*Duration of Second Stage when Delivered.*

Hours.	Under 1 hour.	2	3	4	6	8	10	12	18	36	Not stated.
In hospital ...	5	12	10	11	20	11	6	2	1	...	11
In private ...	...	3	3	9	13	2	...	4	...	1	24
Total ...	5	15	13	20	33	13	6	6	1	1	35

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No. 3.—*Pregnancy in each case.*

Pregnancy.	1st.	2nd.	3rd.	4th.	5th.	6th.	7th.	8th.	9th.	10th.	11th.	Not stated.
In hospital ...	57	10	2	5	6	2	2	2	...	...	1	1
In private ...	32	12	5	3	3	2	...	1	1	...	...	1
Total ...	89	22	7	8	9	4	2	3	1	...	1	2

No. 4.—*Sex and state of Children extracted with Forceps.*

—	Males living.	Females living.	Males still-born.	Females still-born.	Total.
In hospital ...	44	37	4	3	88
In private ...	28	23	6	3	60
Total ...	72	60	10	6	148

No. 5.—*Result to Mother.*

—	Recovered.	Died.	Cause of death in fatal cases.				
			Pyæmia.	Puerperal metro-peritonitis (or puerperal fever).	Shock.	Secondary hæmorrhage.	Convulsions.
In hospital ...	82	6	2	2	1	...	1
In private ...	57	4	...	3	...	1	...
Total ...	139	10	2	5	1	1	1

traction is required to effect delivery; the long forceps, on the contrary, is not only a tractor, but is also a powerful lever by which an impacted head may be moved, as well as a compressor, by which its size may be sufficiently diminished to admit of its passage through the pelvis.

I shall now describe the single and double curved forceps which I exhibited at the last meeting of the British Medical Association in London. The first, or straight forceps, is designed for ordinary cases of delay in the second stage of labour, being a very powerful tractor, although remarkably light and small. Its weight is only eight ounces, and its length ten inches, the blades being six inches, and the lock and handles four inches. The greatest space between the blades when locked is two inches and seven-eighths, and between the points one inch and a quarter. Particular attention has been paid to the avoidance of any sharp edges or points. The curve of the blades is by no means as sharp as is the case in the ordinary forceps, and commences half an inch above the lock, the intervening shank being beveled internally, and bent outwards, so as to form a space for the finger of the operator. The fenestra, which extend throughout the blades, are very wide, so that the scalp may protrude and cover the rims, thus protecting the maternal passages during the extraction.

Having now employed this instrument in upwards of a hundred cases, and also received accounts of its use in other countries from several former pupils of the hospital, I venture to recommend it as being much easier of application and better adapted for ordinary cases of delay in the second stage of labour than any of the longer or double curved forceps.

It has been proved that the dangers of the puerperal state bear a certain relation to the length of the second stage of labour, the physiological duration of which cannot be safely much prolonged or much shortened. It is obvious that the natural process of childbirth should never be unnecessarily and rudely interfered with by rash and premature recourse to instruments. But, on the other hand, it cannot be allowed to run on indefinitely until the parturient woman is worn out by protracted suffering, without greatly increased risk of puerperal fever and other diseases of childbed, as well as of more immediate danger from post-partum hæmorrhage, the result of exhausted uterine contractility. Inflammation and sloughing of the vaginal walls, leading to vesico-vaginal or recto-vaginal fistulæ, rupture of the uterus, and the death of the child from the long-continued pressure to which it is subjected in protracted labours, are also amongst the occasional consequences of undue delay in affording timely instrumental assistance when it is required. In the great majority of cases this purpose may be easily accomplished by my short forceps, which is not only efficient but portable, and may be applied without causing the patient any pain, or, if necessary, even without changing her position in the bed.

My modification of the long forceps, although a somewhat complicated-looking piece of mechanism, is intended to alleviate the use of instruments far more formidable, being especially designed to effect safe delivery in cases in which a few years ago the only operation resorted to was one involving the death of the child, and occasioning greater danger to the mother than now attends the cautious application of the long forceps, by which both may be saved.

This instrument combines the action of a powerful lever and tractor with those of a compressor, the power of which may be exactly regulated in each case at the will of the operator, and which may thus vary from the most gentle and almost imperceptible pressure on the child, which is generally sufficient, to an amount of compressing force which is very seldom necessary, and of which we should be slow indeed in availing ourselves. The weight of this forceps is twenty-six ounces, and its length eighteen inches. The blades occupy ten inches, of which seven are taken by by the fenestrated portion and three by the shanks; the greatest space between the blades when locked is about two inches and three-quarters; the lock and handles are eight inches long. The latter are movable, and thus it is made portable, and may be applied in the ordinary obstetric position. When a greater degree of power is required, the handles are adjusted, and the patient is then placed on her back for the operation. To the handle a

rack and pinion is attached, and these are connected by a screw which regulates the amount of pressure exercised on the child's head. The traction power of the instrument is increased by strong shoulders, and, owing to the length of the shanks, there is no danger of nipping the soft parts during the locking. The curvature of the blades is less acute than in ordinary forceps, in which it is generally that of a section of a circle so much larger than the fœtal head that the instrument is in contact with the head at only two points, on which excessive pressure must be made, and from which it is liable to slip; whereas in my forceps the blades were carefully moulded on a number of average-size fœtal heads, until a curve was obtained which allows the most perfect apposition between the blades when *in situ* and the child's head. Thus the possible injurious effect of the compressing power of the instrument, as well as the danger of its slipping, are both reduced to the minimum.

The power of the long forceps as a compressing instrument is not generally sufficiently appreciated. I have elsewhere discussed this question, and have shown that it is possible to compress a child's head with the forceps sufficiently to enable it to be extracted through a pelvis rather smaller than its natural diameter. No argument is necessary to prove the extraordinary compressibility of the fœtal head. Every tyro in midwifery is cognisant of the extraordinary manner in which a child's head may be moulded or lengthened out by the pressure to which it is subjected during protracted labour, without any permanent injury, and the intention of using a compressing forceps such as mine is to imitate and supplement this natural moulding process in cases where the *vis a tergo* does not suffice to overcome some obstacle to delivery.

Living children have been extracted through pelves measuring three inches in their widest diameter; therefore it does not follow that because a woman's pelvis is small, or even somewhat deformed, she must be delivered by craniotomy or cephalotripsy. On the contrary, I have myself recorded cases which prove that even under these circumstances the forceps may sometimes be used with success; and in no less than twenty-nine of my forceps operations there was some degree of disproportion.

Amongst the other cases in which the instrument may be resorted to are difficult labours, where the fœtal head is prevented by malposition from passing the brim. I have also employed it in deliveries complicated by convulsions, accidental hæmorrhage, prolapse of the cord, premonitory symptoms of rupture of the uterus, and in one fatal instance of this accident.

When the symptoms are so urgent as in these cases, there is no doubt as to the propriety of delivering with the forceps, as the os uteri can be sufficiently expanded; but nothing short of such necessity justifies instrumental assistance before it is fully dilated. Nor should this instrument be ever resorted to in cases of simple inertia until other means, such as change of position, friction over the fundus, ergot, and stimulating enemata have failed.

With regard to the manner of using these forceps I may add a few words, as they each differ in several respects from the instruments generally employed. In the first place, the application of the forceps should, when possible, be previously sanctioned by a consultation. Immediately before operating, a dose of ergot should be given, and the catheter passed. The patient may then be put under the influence of chloroform, although this is seldom necessary when the short forceps is used. In order to apply my straight forceps the patient should be placed on her left side, with the hips projecting over the edge of the bed. The operator now introduces the index and second finger of his right hand into the vagina until he reaches the child's ear, between which and the symphysis pubis the upper or right hand blade of the forceps, lightly held in his left hand, is to be gently insinuated until the lock presses on the perineum, where it is to be supported by an assistant. In a similar manner the left-hand blade is to be passed in, held of course in the opposite hand, and passed around the child's head till the handles come in contact, and the locking is effected without any force whatever. The extraction of the head may be now accomplished by drawing very slowly and gently in the direction of the curve of the pelvis, first downward and backward, then downward and forward, and lastly, as the head passes through the pubic arch, directly forward, until the head protrudes from the vulva; when the instrument should be unlocked and withdrawn, and the delivery completed by pushing out the head by pressure with the hand from the coccyx over the perineum.

These directions, with a few differences, may be followed also in the use of my long forceps. The same preliminaries being adopted, the patient should be placed on her back in the lithotomy position if possible. If, however, as sometimes happens, it is found difficult to overcome the prejudice here generally existing against this position, the instrument may be used in the same manner as the short forceps, the patient lying across the bed on her left side, with the hips projecting. In using the long forceps it will be found easier to introduce the left-hand blade first, whereas with the short instrument the upper blade is first applied. Before passing it the instrument may be locked so that the operator can see that the blade he selects first will look forward when *in situ*, or in other words that its curve will correspond with that of the pelvis. When the head is high up above the brim the hand should be introduced till the ear is felt, not that it is always necessary to apply the long forceps in this situation, but it is always necessary to guard the uterus from the instrument, which should be cautiously passed between the operator's hand and the child's head in the transverse or oblique diameter of the brim of the pelvis. The introduction of the second blade and locking require no further observation. When properly adjusted, though locked, the handles of this instrument should not come closely together; they may therefore be very slowly and gently brought nearer each other by the screw at their extremity, but no force is to be used, nor any violent effort made to approximate them under any circumstances. In the extraction with this forceps there is nothing to be added to what has been said on that point in reference to the short forceps, except that the natural direction of the handles will point out the direction in which we are to pull at each stage of the operation, so that we may use our traction force in the direction of the axis of the pelvis. In no stage of either of these operations is any violence ever necessary or justifiable.

If the foregoing directions, trite as they may perhaps appear, be followed, delivery with the forceps I have described will, as a rule, be easily and painlessly accomplished in those cases in which it is deemed essential for the safety of the mother or that of the child, and to which this operation should be limited.

Dublin.

ON A FEW

ABNORMALITIES AND CERTAIN MORBID CONDITIONS MET WITH IN RECRUITS.

BY A. LEITH ADAMS, M.B., F.R.S.,
SURGEON-MAJOR, LONDON RECRUITING DISTRICT.

No. IV.

Influence of Alcohol and Tobacco on the Heart. — Nowhere can thoracic sounds be better studied than at a large recruiting depôt, such as that of London before the late changes in army organisation. It is indeed curious, as well as interesting and instructive, to note the vagaries in cardiac sounds alone. These, although in no ways so varied as the causes to which they owe their existence, are sufficiently conflicting. Thus frequently, between exciting and depressing influences of one kind or another, it is very difficult to say how far abnormalities are ascribable to temporary and to organic derangements. Under such circumstances, cases often occur apart altogether from the well-known morbid sounds where the heart's rhythm is perverted. I can give no better definition than a muffling of the two sounds, or what might be ordinarily called "a variety of irritable heart"—occurring, however, occasionally in subjects not naturally of an excitable temperament. From these persons it was very often readily elicited that they were given to an excessive use of tobacco, either by smoking or chewing, or the two combined, accompanied in many instances by drunken habits. The amount of tobacco consumed daily was ordinarily half an ounce, and often nearly

a whole ounce. From constantly observing cases of this description, and invariably associating them with the above causes, I desired several recruits to abstain entirely from tobacco and alcoholic drinks for a week, and return for inspection. In three or four instances out of ten all the symptoms disappeared; whilst in the cases where there was little or no improvement it is more than probable that the injunctions were not carried out properly. I do not know if this want of clearness in the systolic and diastolic sounds is to be detected in every instance of the excessive use of tobacco or of alcoholic drinks, but, judging from the prevalence of the state in question among Londoners (chiefly in-door workmen and persons leading sedentary lives), it would seem to be pretty general.

Prevalence of Heart Disease among Recruits and Soldiers.—Cases of cardiac derangements, amounting to pronounced valvular incompetency, whether dependent or not on permanent or temporary causes, are remarkably common among London recruits. Out of 1458 persons inspected by me during the last quarter of 1873, no less than 78, or 5·35 per cent., showed unequivocal indications of cardiac or else aortic disease. A large number occurred in pale, anæmic lads, of poor physique, but not a few in otherwise most eligible recruits. I interrogated nearly 200 young persons labouring under confirmed mitral or aortic disease, together with cases of evident pericardial adhesions; and, after making allowances for a quota not disposed to confess to any previous ailments, avowals of previous attacks of acute rheumatism were obtained from half the number. Admitting that many had been previously rejected at other depôts, which of course they would not acknowledge in consequence of re-enlistment being forbidden in such cases, there are still apparently other reasons for the excess; and one in particular would seem to be that these persons, finding their physical incompetency to carry out their occupations, seek army service in hopes of obtaining easier employment. There is also, undoubtedly, a set, and by no means insignificant as regards number, who, from previous habits of life, are prone to contract cardiac derangements—such being the lower classes in cities, in contradistinction to agricultural labourers. So that any pronounced augmentation of townsmen over rustics might increase the percentage of disorders of the heart and its great vessels, more especially should military duty have any tendency to develop predispositions; and this appears to me established by incontrovertible data.* Looking, on the other hand, to the prevalence of heart disease and aneurism among soldiers, and to the well-known fact that serious conditions may exist unknown to the person himself, and only determinable by careful auscultation, it appears to me most requisite that *all cases of valvular incompetency among recruits, such in particular as persist or become aggravated by exertion, should be rejected.* I am not referring to clear instances of obstruction or insufficiency, but simply to deviations from the natural sounds; inasmuch as a murmur pronounced inorganic in its character by one observer may appear organic to another. The persistency of both states is sufficiently disqualifying for military duty. I have repeatedly indicated to recruits their unfitness for army service through such defects, but so determined were they to enlist that they went the round of garrisons in hopes that they might slip into a corps at last. As regards the prevalence of mitral and aortic diseases among recruits, although I did not keep records of the cases, still, from general experience, I can confidently state that the indications of the latter were by far the most prevalent; indeed, mitral defects were not common. These data establish pretty clearly how important is the position of the surgeon who has the final approval of the recruit in his power, and how false would be the reasoning that ascribes the prevalence of such diseases among soldiers to the nature of their work, unless it can be shown that they were free from any symptoms on enlistment. Against the assertion that aneurism is more common among soldiers than civilians, it has been advanced that the diagnosis and post-mortem examinations are more searching, and this is true to a certain extent. There are, however, weighty considerations to be taken into account in relation to the age and general physique of the soldier of the present day as compared with former years, and which must greatly influence his liability to this class of diseases. Low stature with the Anglo-Saxon in a vast number of instances means either youth or frailty, and is therefore calculated to produce more cases of inefficiency, especially among soldiers—i. e., a class of men more prone to break down, especially under the trying military exercises of late years and the exigencies of climate—points to be borne in mind in regard to the British soldier, who represents the most cosmopolitan fighting man of all nations on the face of this earth. There can be no greater mistake than to suppose that modern arms of precision have lessened the exertions required of the soldier. On the contrary, his drill is more trying than in the days of Brown Bess; indeed, as regards strength, activity, and stamina, he should now possess all the staying-power, and even more agility and intelligence than his predecessors.

Epilepsy induced by heavy potations.—Epilepsy and epileptiform seizures are induced in many instances among recruits by indulging in heavy potations; indeed, among soldiers generally the inordinate use of alcoholic drinks is a potent cause. The gorging of the stomach, usually with beer, was found by Dr. Balfour* to bring about attacks; and the same is my experience. Indeed, I have known instances of soldiers who never had attacks except after overfilling their stomachs with intoxicating drinks, more especially the vile potations used as substitutes for spirits in foreign countries. No doubt many cases of so-called sunstroke in India are induced by these poisonous liquors, which in bygone years caused such maddening effects that men were known to mutilate themselves when under their influence.

Hernia and Varicocele.—I have been unable to compare statistics as to the prevalence of hernial protrusions among city- and country-bred men, but seeing that a goodly number of the recruits examined were from rural districts, it seems that the data I obtained are tolerably reliable. Selecting reducible inguinal hernia: of 200 cases, an important majority were on the left side, and in many cases accompanied by varicocele of the veins of the left spermatic cord. How far those large and convoluted vessels favoured the exit of the gut is uncertain; at all events, as already observed, the latter was confined to the left side. The greatest prevalence was found among navvies and agricultural labourers, who furnished 152 of the above cases, the remainder being pretty evenly distributed among sedentary and other occupations. The causes of the rupture could not be ascertained with certainty, and not a few were perfectly ignorant and indifferent as to the condition. Indeed, of the thousands of instances which came under observation, scarcely more than two or three persons had been in the habit of wearing trusses.

* The etiology and prevalence of disease of the heart among soldiers are admirably epitomised in the Alexander Prize Essay of 1870, by Mr. Myers, of the Coldstream Guards.

BRIEF NOTES OF

INTERESTING CASES OCCURRING IN OPHTHALMIC PRACTICE.

BY CHARLES BELL TAYLOR, M.D., F.R.C.S.E.,
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PRIOR to the introduction of von Graefe's operation upon the apex of the cone, the operative treatment of cases of conical cornea mainly consisted in attempts to improve vision by shifting the position of the pupil. Like other ophthalmic surgeons, I have operated upon several cases in this way with varying but, on the whole, not very satisfactory results. Von Graefe's operation consisted in scraping away or slicing off a thin shaving of the summit of the cornea without entering the anterior chamber, and then applying nitrate of silver or other caustic to the scar, with the intention of producing an ulcer, which it was believed would in healing contract, and so reduce the conicity of the cornea. Mr. Bader, the well-known ophthalmic surgeon to Guy's Hospital, improved upon this method, firstly, by shaving off the apex of the cone and suturing the wound, and secondly, by simply opening the anterior chamber by means of the removal of a minute flap, and leaving the wound to heal without any further interference. I have

* Aitken's Science and Practice of Medicine, vol. ii., 356.

recently treated eight cases by this last method, with results such as I have briefly stated below.

Reports of eight cases of conical cornea treated after Mr. Bader's method by ablation of the summit of the cone.

CASE 1.—Charles M——, a grocer's assistant, came under my care to be treated for imperfect vision. I found the amblyopia of which he complained was due to astigmatism and marked conicity of the cornea of the left eye, the right being normal. I determined to treat the case by removing the apex of the cone, which was done, while the patient was in a state of profound anæsthesia, by making a small flap with a Beer's cataract-knife, which was then seized with iris forceps and cut off with a pair of fine scissors. The aqueous escaped the moment the small flap was completed, the iris came in contact with the inner corneal surface, and the site of the ablated cone apex immediately after the operation was marked by a jet black speck about the size of a pin's head, occupying the centre of the normal pupil. The eye was closed with a moist cotton-wool pad, retained *in situ* by a superimposed bandage, and the patient confined to bed for four days. Atropine was applied the day after the operation, no bad symptoms followed, there was no pain, and the wound healed perfectly in a month. Ultimately all trace of cone was abolished, and a minute, scarcely perceptible speck in the centre of the cornea was the only evidence of the operation. The patient, who could with difficulty decipher No. 14 Jaeger before the operation, read No. 1 Jaeger at six inches after recovery. Distant vision was also much improved. The minute speck in the centre of the cornea is scarcely perceptible, and does not interfere with vision.

CASE 2.—Catherine C——, from Desford, near Leicester, aged twenty-two, a healthy country girl, applied to me complaining of imperfect vision affecting the left eye. This I found on examination was due to conical cornea, which I treated by ablation of the summit of the cone, exactly as in the case just detailed. The wound healed in six weeks, but the result was imperfect, owing to the slight scar caused by the operation occupying the centre of the pupil. I therefore, after a delay of two months, removed a minute portion of the lower segment of the circular fibres of the iris, so as to slightly elongate the pupil downwards, and bring it opposite a clear portion of the cornea. Ultimately the result was perfect: all trace of cone was abolished, and the patient, who before the operation could not see anything distinctly, and was unable to decipher any ordinary print, can now see clearly, and reads newspaper type with facility. Snipping out a minute portion of the edge of the pupil in such cases has a similar effect to M. Wecker's operation of iridotomy, and is much superior to an ordinary iridectomy. The accompanying woodcut, from a sketch of the eye in question, shows the present shape of the pupil.

CASE 3.—John H——, aged forty-seven, tailor, was sent to me to be treated for conical cornea affecting the left eye. Vision was very imperfect, even for large objects, and he had never been able to read with this eye. I excised the summit of the cone as in the preceding cases. No bad symptoms followed, although the eye was weak and watery for two months after the operation. Ultimately all trace of cone was abolished, distant vision became very good, and the patient read ordinary newspaper type with facility. The very slight scar is only perceptible on close scrutiny, and does not interfere with vision.

CASE 4.—Master S——, aged sixteen, a young gentleman studying for the law, was brought to me by his father on account of imperfect vision, which, it was feared, would compel him to abandon his profession. This I found was due to conicity of both corneæ. I therefore operated at once on the right eye, which was slightly the worse of the two, intending to treat the left as soon as he should have recovered. Scarcely any scar is perceptible, the cone is abolished, and vision very much improved; he can now prosecute his studies with comfort—a task which before was becoming more and more difficult. A singular feature in this case is that the left eye has so much improved coincidently with the operation on the right eye that I do not think it will be necessary to carry out my original intention of treating the cone in this eye.

CASE 5.—Mr. E——, aged thirty-six, a schoolmaster; conical cornea; both eyes treated by ablation of the cone in the left. No misadventure; no bad symptoms; cone abolished; sight much improved; patient still under treatment.

CASE 6.—Eliza J——, aged twenty-three, suffering from conical cornea. This patient had been treated elsewhere by the removal of a large segment of the iris downwards and outwards in both eyes without benefit; vision was much impaired, especially in the right eye, with which the patient could barely recognise large objects. I excised the apex of the cone of this eye, and for a fortnight the case progressed favourably. During the third week after the operation, however, she had violent pain, which recurred at intervals, and was so severe as to necessitate tapping of the chamber. This patient gave me considerable trouble and anxiety, and when the wound was healed at last the sight was not in any degree benefited, although the cone was considerably reduced.

CASE 7.—Samuel G——, aged twenty. This patient had conical cornea to an extreme degree in the right eye, the left being normal. On testing vision prior to the operation, I found that he could with difficulty read No. 20 Jaeger with the affected eye. A month afterwards he read ordinary newspaper type with facility.

CASE 8.—Sarah Jane B——, aged twenty. This patient was brought to me by my friend Mr. Fullargar, the well-known ophthalmic surgeon of Leicester, who kindly assisted me in the operation. Vision was failing rapidly from increasing conicity in both eyes, the left being very much the worse. I excised the apex of the cone in this eye. No bad symptoms followed. The cone is gradually disappearing, and vision is improved. I have no doubt that this case will be as satisfactory as the rest; but I am not able now to give particulars, as the patient has returned home, and only three weeks have elapsed since the operation.

It will be seen from the preceding reports that Mr. Bader's operation for keratoconus yields very brilliant results. In only one of the above cases was any trouble occasioned by the operation, and this I suspect was due to the excision of too large a flap of the cornea. The operation is no doubt somewhat difficult; indeed, I believe that Mr. Critchett and other eminent surgeons have expressed the opinion that it requires more dexterity than any other which we are called upon to perform, while some (notably M. Meyer of Paris, and Dr. Williams of Cincinnati) have declared a preference for von Graefe's method, because, in their experience, Mr. Bader's operation had been followed by extensive adhesions of the iris. I have seen no fear, so far as my experience goes, to dread this result if the operation is carefully performed and atropine employed afterwards, while the corneal scar (always a serious objection in von Graefe's method) is so slight as to be scarcely perceptible—indeed, so slight that I have not in any one of my cases found it necessary to tint the cornea on account of cosmetic defect.

Nottingham.

ULCERATING SYPHILIDE IN A CHILD TWELVE YEARS OLD.

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M. E——, a girl, aged twelve years, came to me as an out-patient at Charing-cross Hospital on June 14th, 1873, with an eruption on the trunk and extremities of three weeks' standing. Her mother was certain that she had had nothing the matter with her before that time. The child was in a very miserable state, pale and thin, and with a worn, anxious expression of countenance. She had evidently been neglected, was badly clothed, and her head swarmed with pediculi. Her back, from the nape of the neck downwards to the sacrum, was covered with numerous slightly-raised, circular, reddish-brown, flat papules, varying in size from a split pea to a shilling, and very faintly silvered with thin scales. The neck and shoulders were most affected.

In smaller numbers papules of the same kind studded the front of her chest and abdomen, and there were a few on the arms and insides of the thighs. The outsides of the knees and elbows and the face were absolutely free, but there were a few papules on the hairy scalp. The eruption, as far as already described, had thus the appearance of a lenticular syphilide. What, however, gave peculiar interest to the case was the presence of several large, sharply-cut ulcers, with foul, yellowish base, and coppery-red edges, intermingled with the papules on different parts of the body—for example, over the sternum, on the right shoulder, and in the right groin. These ulcers varied in size from a shilling to a five-shilling piece, and some of the largest were covered with greenish-black, irregular, lava-like crusts, from half an inch to nearly an inch in height. The formation of crusts was prevented in many places by the friction of the clothes or the movements of the body, but all the ulcers secreted the same kind of foul purulent fluid. There was no sign of a vesicle, bulla, or true pustule anywhere. The mode of formation of the ulcers from the papules could be clearly traced on the back, the thin scale covering each being detached by slight exudation beneath it, leaving a moist surface, which then ulcerated and crusted. The sores did not give much pain or irritation of any kind. There was no falling of the hair, no iritis, and no sign of keratitis. The child had not suffered from headaches lately, and, though always delicate, had had no serious previous illness. Her throat was not subjectively sore, though her mother stated that she had lately appeared to swallow her food with some difficulty. On examination only slight redness and a very superficial ulceration of the posterior wall of the pharynx on the left side was found. She had no mucous patches in the mouth or at the commissures of the lips, though later on she had one or two inside the lips. There was some indolent enlargement of the glands in the groins, especially on the left side (possibly due to the irritation of the neighbouring ulcers), and also of a small post-nuchal gland, but there was no enlargement of the submaxillary glands. There were no sores or mucous tubercles about the anus or vulva. The hymen appeared to be absent, but there was no redness of, nor discharge from, the genitals, nor had there ever been. The girl had never menstruated.

There was no doubt in the mind of anyone who saw her that she was suffering from the effects of syphilis; but some were inclined to think the syphilis hereditary, and not acquired. My own view from the first was that it was acquired, judging from the character of the eruption, the child's age, and the absence of all symptoms of hereditary syphilis in early life. She had also been in the way of possible contagion, having, according to her mother, for the last two years acted as a servant to some women of questionable character, who occupied a house in the same street, so that she might have caught it from them. The question of immoral infection was not mooted before her, though it must not be overlooked. I will here give the negative evidence obtained with regard to the hereditary nature of her symptoms, and leave the discussion of probable inheritance in the present case till later on in the paper.

The father is and always has been healthy. The mother has never had any illness except her confinements, nor any sores or eruption on her body. She has had fourteen children, of whom seven are alive, and four of these were born in succession previous to the patient. There are two healthy younger children. Of the dead children, two were her very first: a baby which died a month after birth, but without any symptoms of congenital syphilis; and a miscarriage at four months. Of the others now dead who were born since M. E——, one was a cross-birth, and the four others died of small-pox, whooping-cough, bronchitis, and scarlet fever respectively. The child herself presents no marks of inherited syphilis in her physiognomy, corneæ, or dentition; the central incisors are well formed in every respect, as well as her other teeth.

As it was found impossible for her to get the food and care she needed at home, she was taken into the hospital on June 21st, 1873. It will not be necessary to enter into her treatment at great length, but I may say that she had one twentieth part of a grain of bicyanide of mercury every night, and twenty minims of syrup of the iodide of iron three times a day. She was allowed as much nourishing food as she could digest, and had half a pint of stout, and afterwards three ounces of wine, and one drachm of cod-liver oil three times a day. The ulcers, after removal of all crusts, were dressed with an ointment of red oxide of mercury (eight grains to the ounce), which was found to answer better than several other applications which were tried. The child was obliged to be put on a water cushion, and for a long time could wear no nightdress, but the nurse contrived to keep her warm by using large pieces of lint for the dressings. Her appetite was good, and she slept well. From the time of admission she made steady progress, and not a single fresh papule or ulcer appeared, and the old ones healed up uninterruptedly. The mercury was continued in the small dose of one-twentieth of a grain till August 9th, when, as most of the ulcers were nearly healed, it was discontinued, but, as a marked diminution in the rapidity of their progress (noticed even by the nurse) took place, it was resorted to again on August 30th. Iron in some form was given throughout. Iodide of potassium in three-grain doses, at one time substituted for the syrup of the iodide on account of diarrhœa, did not suit her; it also gave her diarrhœa, and brought out an erythema and some flattish pustules on the back. The girl went out on September 9th with only a slight scab on the right shoulder. All the ulcers had left smooth scars, and even some of the spots which were only superficially moist after removal of their scabs, had left very shallow ones. She was now able to get about as usual and work with her needle, and showed signs of considerable quickness and intelligence. She was seen again on November 13th, and appeared in excellent health. She had had no return of the eruption in any form. Directions were given to her mother to bring her at once to the hospital in case of a relapse, but she has not returned.

There are several points of interest in this case. Acquired syphilis is very rare in so young a child, and very few cases of the ulcerative or rupial form have been recorded in children. Cullerier* says, "for myself I have never had the opportunity of observing a single case of rupia in syphilitic children," and Zeissl† says he has "with his large opportunities seen extraordinarily few such cases." The same author remarks‡ that he has never yet seen rupia either in infants or in older children who have suffered from *congenital* syphilis; but, on the other hand, he could always "in those rare cases where it occurred in children nearing puberty (*erwachsenen Kindern*) find the *locus infectionis*," and he is therefore convinced that rupia is always a sequel of acquired syphilis. I allude here to the question of hereditary syphilis, not from any belief in its existence in the present instance, but because others who saw the case seemed to incline to that view, and it therefore seems right to point out that, as far as present evidence goes, rupia in children is never of congenital origin. I must particularly call attention to the absence of all history of early infantile syphilis here, and also to the admixture of a secondary papular eruption with the crusting ulcers, for Mr. Hutchinson§ says, "If any symptoms of (inherited) syphilis occur in infancy, they will be of the secondary group, and if none of this group occur at that age *they will not appear at a later one*;" and Mr. Berkeley Hill, in a note he has been kind enough to send me, says, "as far as observation goes, inherited syphilis does not show itself at twelve years of age as papular, dry, or ulcerating papular affections, without some more unmistakable pseudo-scrofulous disease, such as periostitis, subcutaneous gummata, inflammation of the lymphatic glands, or the like."

In this case no certain *locus infectionis* could be discovered, even after careful examination; but Mr. Cooper Forster‖ has also reported two cases of ecthymatous syphilis in young persons of seventeen and nineteen years of age, in neither of which was there any history of a primary sore, though "neither could possibly be mistaken for a disease unconnected with a syphilitic taint." Mr. Cooper Forster adds that in his experience an inherited syphilitic taint is only manifested in the offspring in adult life, or after puberty, as one of the severer kinds of tertiary disease, and not as a skin eruption." This remark might no doubt be equally well applied to the present case.

A feature of interest here is the rapid progress which

* Cullerier and Bumstead's Atlas of Venereal Diseases, p. 279.
† Die Constitutionelle Syphilis, s. 172.
‡ Loc. cit., s. 171.
§ Syphilitic Diseases of the Eye and Ear, Aphorism XXXVIII.
‖ Guy's Hospital Reports, 1873, p. 35.

the disease made in the short space of three weeks from its commencement. Bazin has, under the name of "syphilides malignes précoces forme tuberculo-ulcérante gangréneuse,"* described an eruption almost identical in all its symptoms.

As to the question of the dependence of the ulcerations on previous cachexia, though the child had been neglected, yet there is no history of failing health before the eruption appeared, and Mr. C. Forster distinctly states that in his cases the idea of cachexia as a predisposing cause could be certainly excluded.

In conclusion, I may say, with regard to the treatment, that mercury was given on account of (1) the previous short duration of the disease, (2) the intermixture of secondary with so-called tertiary eruption, and because (3) this appeared to be the first manifestation of syphilis the patient had ever had. The bicyanide was chosen merely as an unirritating preparation, and as the one which I am most accustomed to use.

There has been until lately such a general agreement among writers on syphilis that mercury is injurious in the severer ulcerative forms of syphilis, that it is gratifying to me to have the support of Mr. Jonathan Hutchinson, in his recent papers on Syphilis, in favour of such a treatment as was adopted in the case here discussed.

AN INHALER FOR NITRITE OF AMYL.

By CHARLES J. SMITH,

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MAKING very constant use of Dr. Richardson's invaluable discovery, nitrite of amyl, the primitive methods of exhibiting it soon struck me as being wasteful and unscientific, and I turned about how best it could be administered with a due regard to saving and convenience; it being on the one hand an expensive remedy, while on the other so many cases demand its very rapid and thorough administration, notably angina pectoris.

I submitted sketches of an instrument, which I thought would supply all the elements of a successful inhaler, to Messrs. Krohne and Sesemann, of Duke-street, Manchester-square, and they, taking infinite trouble, have perfectly carried out my views in the inhaler, of which a woodcut, admirably drawn by Mr. Arthur Hunt, is appended.

This inhaler consists of a leathern portion (F), which fits over the nose and mouth of the patient, and of two glass chambers (A and E) connected with each other by a tap (D). A is a bulbous glass reservoir, containing the nitrite of amyl; it has a small glass tube (B) covered with flannel flanges to prevent the amyl slopping over into the second chamber (E), and is furnished with a plug (C). D is a tap which permits communication between the two chambers. E is the second chamber, into which the amyl vapour passes prior to inhalation; this communicates with the leathern portion of the inhaler. To prevent the patient breathing back, or coughing into the reservoir, a tube valve guards the point of communication. G is a shield over a talc valve which gives free egress to expired air, while on the opposite side, not shown in the woodcut, is a slot to regulate the admission of additional pure air when necessary.

The inhaler being kept charged, the patient in using it needs simply to pull out the plug C at the same time that he turns the tap D towards the reservoir; he then inhales. Air passes by the vent tube B through the amyl, becomes charged with the vapour, and passes over into the chamber E; thence to the body of the inhaler, and is inspired. Expiration following, the valve which guards E closes, while the valve under G opens, and permits the escape of the expired air.

There is absolutely no danger in this inhalation of amyl, the patient ceasing to inhale so soon as he experiences relief.

It was found necessary to use vulcanite for the various parts of the instrument, as no metal was able to resist the powerful corrosive effects of the amyl, whether electroplated, nickel silver, or gold; and it is further curious that this substance should produce no effect upon vulcanite, while chloroform is rapidly fatal to it.

That this substance should have met with such neglect at the hands of the profession appears incomprehensible, for I venture to affirm that a more important agent has never been discovered; and I would urge practitioners to make frequent use of it, and record the results, especially in cases of so-called neuralgia, toothache, certain earaches, and particularly in angina pectoris, whose pangs are almost instantly checked by it.

There is every reason to hope for the best possible results in tetanus if amyl is early resorted to and earnestly persevered with, while heart affections might be benefited to an extent scarcely to be credited.

* La Syphilis et les Syphilides, p. 385.

A Mirror OF HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

CHARING-CROSS HOSPITAL.

CASE OF SEVERE CHOREA TREATED BY THE INHALATION OF CHLOROFORM.

(Under the care of Dr. JULIUS POLLOCK.)

WHEN speaking (at p. 728) of the difficulties and obscurities which attend the pathology and treatment of chorea, we warned against the danger of accepting the logical fallacy of *post hoc ergo propter hoc* in estimating the value and effects of any remedial agent administered during the course of this disease. The remarks which were then made applied to a case of chorea which was benefited in a most marked manner by large and frequent doses of chloral hydrate, after the failure of perchloride of iron and of the hydrochloric solution of arsenic. On the other hand, it will be seen that in the subjoined case both chloral hydrate and the bromide of potassium signally failed to produce any diminution of the distressing symptoms, whereas after the inhalation of chloroform the symptoms gradually abated and eventually almost entirely disappeared. Such inconsistency of experience must be only apparent. When we shall have become possessed of a knowledge of the laws and the conditions which regulate and determine the choreic instability of nerve and muscle, we shall doubtless possess also the means for its arrest and removal.

E. C——, aged eleven, was admitted into Charing-cross Hospital on the 31st March, 1874, suffering from chorea. She states that she has never had a similar attack before. There is no history of acute rheumatism; no heart affection. She had measles "a long time ago," and, before that, bronchitis and whooping-cough. The present illness began three weeks before admission, and followed a fright. She saw her

father dead in his coffin, unexpectedly, a few days before the attack came on. The chorea has been chiefly in the right limbs, never in the left leg, and but little in the left hand. On the whole, she seems to be getting better.

On admission, the patient was a healthy-looking, rather high-coloured, intelligent girl. There was chorea of the right limbs, of the left arm, and of the tongue. The movements were well marked, but not at all severe. She was put upon bromide of potassium, steel, and rhubarb; and a light, nourishing diet.

April 3rd.—Much the same. No albumen in the urine.

4th.—Is a good deal worse; very choreic. Throws herself all about the bed.

7th.—Much chorea. Tongue getting very foul, face looking dry, eyes rolling, teeth grating, and speech nearly impossible. It is now very difficult to feed her.

8th.—About the same. The skin of the face, arms, &c., is getting chafed and scratched; tongue very coated. The whole aspect is very distressing. The child scarcely slept at all last night. Heart sounds normal. Up to this time chloral and subcutaneous injections of morphia had been given several times, but without any benefit. She would sleep perhaps half an hour after each dose, but be in no way the better subsequently. It was now determined to try the effect of the inhalation of chloroform, and a drachm and a half was administered at 3 P.M. The child resisted very much, and the inhalation was stopped almost before any anæsthetic effect was produced, but almost immediately she went off into a deep quiet sleep, which lasted half an hour. On waking the chorea seemed to be as bad as ever. The inhalation of chloroform was repeated at 8 o'clock P.M. with much the same result. Later on the child became quieter, and slept from 1 A.M. to about 5 A.M.

9th.—She is now somewhat better; the chorea is more intermittent; the child is quiet for a few minutes, and then severe general chorea comes on. The face twitches, the eyes roll, the tongue is shot out, or the teeth are ground; the arms and legs are thrown about, or rubbed against one another and against the bedclothes, and the diaphragm is jerked up and down, giving rise to gasping, sighing, and even groans. The chafing of the skin threatens to become serious. The pulse is fairly regular, 88 to 92, very small; but it is impossible to count the beats of the heart during the severe movements. The child says she feels very tired. Temperature (11.15 A.M.) 100° F.

10th.—The child is quieter. More chloroform was given about 1 A.M., inducing sleep for half an hour, after which she slept on and off. Takes her food better.

11th.—Still improving, but severe attacks of chorea come on at times. General aspect decidedly better.

13th.—Much quieter; tongue cleaner.

20th.—Improved very much, but there are still choreic movements.

24th.—There is very little chorea.

27th.—The patient sat up on the 25th. To-day the chorea is almost imperceptible, there being little more than an occasional curling of the fingers, and dragging of the mouth. The complexion is again nearly natural.

May 11th.—The child leaves to-day. She has improved steadily since the last note. There is now only the slightest occasional movement of the fingers.

Remarks.—There are one or two points in this case worthy of notice. There can be little doubt that the improvement was due to the chloroform, as the symptoms were increasing in severity up to the time of its administration, and began to ameliorate directly after even the first dose. The chloroform does not seem to have acted by merely producing sleep, as it only induced about half an hour's sleep after each dose, which the morphia and chloral did also. How it acted is perhaps rather obscure. The case is worth putting on record because authorities are not quite agreed as to the desirability of giving chloroform in chorea.

SEAMEN'S HOSPITAL, GREENWICH.

ANEURISM OF COMMON FEMORAL ARTERY; LIGATURE OF EXTERNAL ILIAC ARTERY; RECOVERY.

(Under the care of Mr. W. JOHNSON SMITH.)

THE following case illustrates the influence of syphilis, if not in the actual production of aneurism, at least in the interference with reparative processes.

George W——, aged twenty-seven, a half-caste, born at Charlestown, U.S., was admitted on March 2nd, 1874, with a pulsating tumour near his right groin. Had been a sailor for eight years; general health for the first six years of this period good. During the two years before admission he had suffered much in cold and wet weather from pains in his joints; in 1871 had had a discharge from the urethra and a suppurating bubo in right groin; eight months before admission there had been sore-throat and an eruption on the skin; seven weeks previously had noticed for the first time a large pulsating swelling in right groin; this swelling had since increased gradually in size and been attended with pains in the hip and knee, causing lameness. The last passage, lasting for 113 days, had been from Port Adelaide; the crew small and much worked; meat bad in quality and deficient in quantity. The patient stated that he had lost flesh since the appearance of the tumour.

At the time of the patient's admission the upper portion of Scarpa's triangle on the right side was occupied by a visibly pulsating and evidently aneurismal swelling, which measured four inches from side to side and three inches and three-quarters from above downwards, and the upper margin of which was about a quarter of an inch below Poupart's ligament. On the application of a stethoscope over this swelling, a distinct but soft bruit could be heard. Pulsation could be completely arrested by firm pressure just above the brim of the pelvis and over the course of the lower portion of the external iliac artery. Over the most prominent part of the swelling could be felt two very hard and movable bodies, which were evidently enlarged glands; similar almond-like and hardened glands could be felt in the opposite groin. The patient complained of much pain in the right hip and knee, which was relieved by keeping the lower limb flexed at these joints. The right foot, he stated, often felt cold and numbed; no œdema of the right leg or foot. Patient was very restless, and frequently raised his leg for the purpose of relieving the constant pain both in the tumour and in the right hip and knee. General health good; tongue clean; appetite fair; weight of body 150 lb.; pulse 72; heart-sounds normal; no signs of aneurism in any other region of the body; the temperature for the first six days of his stay in the hospital varied from 99·6° to 100·4°.

From March 3rd to the 10th the aneurism was treated by extreme flexion at the hip-joint, but with no visible result. The limb was placed in a double-inclined plane, and the body raised on pillows and a bed-rest.

March 11th.—A Carte's compressor was applied immediately above the tumour at 3 P.M. The pulsation was thus wholly arrested, but at the end of one hour the patient became very restless, and insisted upon the removal of the instrument, as he could not bear the pain. In the evening a Reed's compressor was applied so as to arrest the amount of blood through the sac. This instrument was kept on till 2.30 P.M. on the following day, when the patient became very restless, and complained of much pain. Pulsation returned immediately on the removal of this instrument, the use of which seemed to have produced no further results than retention of urine, much pain and restlessness, and irritability on the part of the patient.

17th.—Carte's instrument was again applied so as to arrest the pulsation. The patient soon became restless, and even violent, and removed the instrument at the end of twenty minutes.

18th.—Chloroform having been administered, the external iliac artery was tied. The integument, fascia, and aponeurosis of external oblique were divided, as in the ordinary operation known as Sir Astley Cooper's. The internal ring having been exposed, an incision was made upwards and outwards from its external margin through the fibres of the deeper abdominal muscles. The transversalis fascia was not incised, but torn away at Poupart's ligament, and then pressed upwards and inwards with the subjacent peritoneum. Distinct pulsation could be felt in the external iliac artery, which was tied in its middle third by a ligature of smooth twine. The external epigastric artery was divided and ligatured at an early stage of the operation.

From the 19th to the 23rd of March the patient suffered from intense febrile disturbance and severe pain on the right side of abdomen. These symptoms were associated with occasional vomiting, retention of urine, tympanites, and a very rapid pulse (136 to 147). On March 21st and 22nd the temperature reached 103·8°.

From March 24th the patient progressed favourably; the fever rapidly abated, and the abdominal tenderness and distension gradually ceased. On April 2nd the ligature was found to be quite loose, and was then withdrawn; the wound at this time closing rapidly by granulation. On the 6th, however, there was observed to be a tendency to sloughing along the margins of the incision, and the surface of the widely-gaping wound presented the appearance of an ulcer resulting from an ill-conditioned venereal bubo. On April 9th the limb was kept flexed at the hip, black-wash applied to the raw surface, and iodide of potash in 8-grain doses with tartrate of iron in ten-grain doses ordered every four hours. The ulcer then speedily closed by healthy granulation, a tendency to burrowing of pus towards the right flank being opposed by firm pressure with a pad and abdominal bandage. On May 10th the patient was allowed to get up, the wound being quite closed. On June 1st he was reported as cured. The aneurismal tumour, which had never pulsated since the application of the ligature, was then reduced to a small hard swelling, the margins of which could not be distinctly defined. Patient complained of slight stiffness in the right hip, and of occasional numbness in the great toe. He was able to walk about without difficulty, and to do work.

ST. GILES'S INFIRMARY, CAMBERWELL.

CASE OF GRANULAR DISEASE OF THE KIDNEYS, WITH HÆMORRHAGE FROM THE MUCOUS MEMBRANES.

(Under the care of Mr. THORBURN PATERSON.)

IN the following case there was, with granular disease of the kidneys, copious and numerous hæmorrhages from the mucous membranes. In this instance, however, there was no evidence to show that the patient had been exposed to the poisonous action of copper, as in the case recently under the care of Dr. Henry Thompson, and reported at p. 798.

A. P——, aged fifty-seven, a cooper, was admitted into hospital on June 2nd, 1874. He had been ailing for some time, and said he had been under treatment for "biliousness." His appetite for a long time had been very bad, and he had often vomited his food. During four weeks previous to his admission he had been unable to work. He said he was not intemperate, although he occasionally had "a glass or two." He had observed blood in his stools for about a fortnight before he came into hospital. He had never had piles.

His condition on June 3rd was as follows:—Face puffy and of sallow complexion; conjunctivæ of a yellowish tinge; mucous membrane of lips and gums pale; pulse strong and full. There were slight involuntary twitchings of the arms and fingers, like those of chorea. No anasarca or other kind of dropsy beyond the puffiness of the face. The heart's action was very powerful, and on auscultation a diastolic murmur was heard at the base. Faint mucous râles over upper lobes of lungs. The urine, six hours after being voided, was pale, slightly alkaline, of sp. gr. 1011, and contained a large quantity of albumen. Under the microscope, a large quantity of crystals of triple phosphate, with fragments of tube-casts and débris, were seen. There was considerable hæmorrhage from the bowels. The patient could retain nothing on his stomach but a little brandy and iced water.

June 4th.—Under treatment the bleeding from the bowels ceased, but hæmorrhage from the nose commenced a few hours afterwards. This epistaxis also subsided under treatment, but broke out again and again repeatedly until the patient died.

5th.—Bowels constipated; tympanites. An enema brought away scybalous matter.

6th.—Heart's action irregular. The twitchings of the hands and arms more severe and greatly distressing the patient. The gums were not spongy, and had no blue or green line. The patient's wife stated that he had only put on a few copper hoops in his lifetime, and had never worked among lead.

7th.—Hæmorrhage from the bowels recurred. Patient complained of difficulty of breathing; his other symptoms were aggravated. He died early on the following morning.

Autopsy.—The heart, after being freed from clots, weighed twenty-one ounces; the right auricle contained a large fibrinous clot lying in the midst of dark blood, which was partially coagulated; the wall of the right ventricle was about half an inch thick, and its cavity contained a little dark blood; the tricuspid valve admitted four fingers; the wall of the left ventricle averaged about 1½ in. in thickness; its cavity was contracted and empty; the mitral valve admitted the index and middle fingers together, and was strong and thickened, and the papillary muscles were firm and much hypertrophied; the aortic valves were almost obliterated; the left auricle was empty. The lungs were spongy and œdematous, and only slightly collapsed when the chest was opened; the bronchi, down to those which could admit a quill, were filled with white frothy mucus; the mucous membrane of the bronchi was much congested, having a speckled brown or purplish-brown colour, mingled in the larger bronchi with florid streaks. The pleuræ and pericardium were healthy, and contained a normal quantity of fluid. The liver weighed 3 lb. 11 oz., and in structure was healthy. The gall-bladder contained fully 1 oz. of dark bile. The spleen weighed 5¼ oz., and was very friable. The mucous membrane of the stomach was greatly congested throughout, being of a dark livid colour, marked here and there with streaks of red; it was covered with glairy mucus and a small quantity of stercoraceous matter. The mucous membranes of the intestines were also congested throughout their entire extent; there was no ulceration anywhere, but in the lower portion of the ileum, the descending colon, and the rectum, there were streaks of blood; there were no such streaks in the upper portion of the intestine. The left kidney weighed 3 oz., the right 2¾ oz.; the surface of each was papulose, and the capsule almost entirely adherent; the cortical portion was almost gone, a part of it being apparent only towards either extremity of the organ; the pyramidal portion was only partially distinct at the parts corresponding with the portions of cortex which remained; the rest of the kidney consisted of yellow fatty striæ mixed with blood-vessels and pieces of stroma. The mucous membrane of the bladder was remarkably pale, but was healthy in structure. The brain and spinal cord were not examined, owing to the wish of the patient's relatives.

WEST BROMWICH HOSPITAL.

GUNSHOT WOUND OF THE FACE; ERYSIPELAS; RECOVERY.

(Under the care of Mr. SANSOME.)

FOR the notes of the following case, and for the remarks appended thereto, we are indebted to Mr. Richard Johnston, resident surgeon.

Richard S——, aged twenty-one, collier, was admitted on April 1st at 3.30 P.M., suffering from the above injury. Whilst in the act of stooping to reach a fowling-piece, which was in the lower part of a dresser, he states that he heard a click, and felt something strike him in the face. On hearing the report some neighbours came into the house, and found him lying on his back, about a yard from the gun, in a pool of blood. They sent for a surgeon, who, upon examining him, advised his immediate removal to hospital. From the patient's account, at the time of the explosion the muzzle of the gun was not more than a foot from his face, pointing upwards and to the left.

On admission the countenance was blanched, the extremities cold, pulse small, weak, irregular, and fluttering. On removing some rags, a wound was discovered, extending from the angle of the mouth to the ear on the left side, with everted edges, and greatly charred; the malar process of the superior maxilla, together with the lower portion of the malar bone, were lying loosely in it; the trifacial nerve was much injured, and the superficial portion of the parotid gland was blown away. The duct of the parotid gland was exposed, but escaped injury; the submaxillary gland was also partially exposed. The loose fragments of bone, some shot (about No. 8 in size), and unexploded grains of powder, having been removed, the wound was filled with sponges, as there was considerable hæmorrhage (oozing). In about twenty minutes, all bleeding having ceased, the edges were drawn together with silver wire, and water-dressing applied. Upon examining the eye on the same side, the conjunctiva was found thickly studded with powder. At 8 P.M. he complained of great pain, and was unable to pass his urine.

Ordered at once thirty drops of the sedative solution of opium with fifteen drops of the spirit of chloroform. Temperature 96·2° F.

April 2nd.—Has had about three hours' sleep. During the night he passed urine. Morning temperature 100°; evening temperature 101·3°. Repeat draught.

3rd.—The bowels not having acted since admission, an enema was ordered. Evening temperature 102°. Repeat draught.

4th.—The bowels have acted well. Morning temperature 101·2°.—8 P.M.: Has had rigors during the day; temperature 105°; remove water-dressing; apply linseed-meal poultices, to be changed every third hour. As the patient was suffering from some gastric irritation, the hypodermic injection of morphia was ordered.

5th.—This morning there is a well-marked erysipelatous blush around the wound. The patient is unable to open the eye on the opposite side. The scalp to be shaved; paint face and scalp with solution of perchloride of iron; to continue poultices. Morning temperature 102·3°; evening, 103·1°.

6th.—Morning temperature 100·2°. About 2.30 P.M. the nurse reported that the patient had great difficulty of breathing, and complained of pain along the cervical and dorsal regions; his head drawn backwards; the recti muscles tense. Hypodermic injection of morphia was administered.—8.30 P.M.: Patient much easier; temperature 102°.

7th.—The patient has passed a good night; does not complain of so much pain along the spine. Morning temperature 99·2°; evening, 100°.

8th.—Spinal tenderness has completely subsided. Morning temperature, 98·2°; evening, 98·5°.

9th.—Temperature, morning, 98°; evening, 98·3°.

10th.—Swelling in the face has entirely disappeared. Wound suppurating freely; dress with elemi ointment. Morning temperature, 98·1°; evening, 98·5°. From this date the temperature fell to its normal standard.

16th.—The patient is progressing favourably. Omit poultices; parts to be drawn together; soap plaster.

28th.—The wound is almost healed; the patient is unable to open his jaw more than a quarter of an inch.

May 1st.—Wound completely healed, but he has not gained further power of separating the teeth.

5th.—Discharged.

Remarks.—This case presents the following points of interest:—1. The great amount of injury which the structures of the face are able to sustain without being fatal, and the extreme rapidity with which repair takes place, bearing out the remarks of Mr. C. Heath. 2. The results attending the external application of iron in erysipelas. Out of six cases which have come under observation in this hospital, in three the external application of iron alone was adhered to, and followed by most marked results. It may therefore be fairly claimed for this remedy, that it possesses a power far superior to nitrate of silver in limiting the spread of erysipelatous inflammation. These facts lead us to endorse the statement of M. Velpeau, in his "Leçons Orales," who, speaking of the failure of other remedies, states, "I do not say it extinguishes it as soon as it is in contact with it, but it is certain that it sensibly shortens its duration, and an erysipelatous patch does not resist its application for more than two or three days;" though some eminent surgical authorities would lead us to believe that it has little action other than soon moulding the linen.

THE NERVES OF THE CAPSULE OF THE KNEE-JOINT OF THE RABBIT.—Dr. Carl Nicaladoni gives the following as the conclusions at which he has arrived from a long series of microscopical researches upon the nerves distributed to the knee-joint of the rabbit. In the first place, there are certain parts of the joint which receive an unusual supply of nerves. The medullated nerve-fibres composing one of the smaller trunks subdivide, with retention of their sheaths, in various modes, the ultimate branches terminating in plexiform expansions of the axis cylinders, which are partly applied to the closely-arranged cells of the endothelium of the tunica enterica of the joint, and are partly embedded in accumulations of the cellular structures of the adventitia. A small part of the nerves are in very intimate relation with the vessels; the remainder form Pacinian corpuscles.—*Med. Jahrb.*, Heft. 4, 1873.

Reviews and Notices of Books.

The French Revolution and First Empire: an Historical Sketch. By W. O'CONNOR MORRIS, sometime Scholar of Oriel College, Oxford. London: Longmans and Co. 1874.—The study of the stupendous events comprised in the period embraced by the title of this book will never lose its attraction. Victory has since shifted, and shifted with a vengeance, from the standards of one race to those of another. France seems destined to be the great stage whereon political theories of various kinds, which in other countries exist but in idea, are to be reduced to practice. As scene succeeds scene in the eventful drama, who can tell what is to come, or who the principal actor is to be? The Napoleonic name has not yet lost its influence. Submerged beneath the waters of national affliction, it seemed but yesterday to have gone down never to rise again to an historical future. He would be a bold prophet, however, who would declare to-day that the name of Napoleon had no future—that what was written concerning it was written in the past pages of history. Time turns over many leaves, and who is to play the prominent part in the next chapter? The whispered suspicion of to-day may to-morrow possibly be proclaimed from the house top; and if there is to be a fourth Napoleon, of what spirit will his rule be? The character is now being moulded while it is still impressionable. Will its training in this country, and the memory of the past and its experiences, leave indelible marks? and is the French Empire of the future, if it ever comes, to be a repetition of its predecessors or the harbinger of happier times for France and Europe? The events depicted in this volume, be they told ever so tamely, cannot fail to stir the blood, and, if they do not possess the power and brilliant colouring of Carlyle's narrative, they are nevertheless clearly depicted, and Mr. Morris has set forth philosophically and ably the causes as well as the consequences of the revolution.

Observations on the Pathology and Treatment of Cholera. By JOHN MURRAY, M.D., Inspector-General of Hospitals, late Bengal Medical Service.—Anticipating the invasion of England by cholera, and feeling that the "knowledge of a rational system of treatment is much required," Dr. Murray submits "the result of forty years' experience during the lull that precedes the storm." The theory of elimination of the poison he regards as sound, when restricted to excretion by the liver, kidneys, and lungs, and freed from the risk of increased action of the bowels. This leads to the use of calomel, or calomel and opium, under all circumstances, and Dr. Murray says "in the hands of a physician this is a powerful antidote." To aid the calomel in the early stages is administered one of Dr. Murray's anodyne carminative pills, composed of one part of opium, two parts of black pepper, and three parts of assafœtida, and given in five-grain doses after every second stool. "In India these pills are kept in bottles *at all hospitals* and dispensaries, distributed *in all barracks*, in all police stations, and in the towns." An experience of some years in India leads us to conclude that this must refer to native hospitals, barracks, &c., and that, even there, the universal presence of these pills must be due to Dr. Murray's position as inspector-general of hospitals, rather than to any extraordinary virtue they possess. While we think that the perusal of these "observations" might be advantageous to young medical officers, we are bound to confess that we fail to find in the suggested remedy, or the succeeding suggestions, anything but what we have read over and over again in other forms, and the results of which have been far from reassuring.

The Place of the Physician. Being the Introductory Lecture at Guy's Hospital, October, 1873, with other Essays. By JAMES HINTON, Aural Surgeon to the Hospital. London: Henry S. King and Co. 1874.—Mr. Hinton is a medical man of unusually varied accomplishments, and has already written with acuteness and effect on more than one of the deeper problems of the profession. To the reprint of the lecture with which he opened the winter session last October at Guy's—a lecture contrasting favourably with many of its class for its unconventional tone and its enlightened views of the healing art as a profession—he has added two essays: one "On a Law of Human Life," and another "On the Relation between the Organic and Inorganic Worlds." He enforces with clearness and cogency the position that in organic life the processes are cyclical; in other words, that we never see one action without its complement, its opposite. So far as this character is absent from the inorganic, there our perception is at fault; so that "the thought of any process as unconformed to this law, and as complete without *that* completeness—of showing us a cycle,—is one which demands to be banished from our minds." All processes, in fact, are as the vital processes; while the chief good to us of recognising the organic and inorganic world to be one is the delivering us from the conception of ourselves as exalted above the rest of the universe; endowed with higher prerogatives, and therefore bound by special and higher laws. The famous rubric on the wall of Sir W. Hamilton's metaphysical class-room at Edinburgh, "On earth there is nothing great but Man; in Man there is nothing great but Mind," seems narrow and unphilosophical beside the more catholic and more reverent nature-study of Mr. Hinton.

Public Health: a Popular Introduction to Sanitary Science. Part II.: War in its Sanitary Aspects. By WILLIAM A. GUY, M.B. Cantab., F.R.S., &c. London: Renshaw. 1874.—The Professor of Hygiene in King's College, London, continues to handle his subject from the historical rather than from the theoretical point of view. No man is more capable of doing justice to it in the second aspect; but he has chosen, and we think wisely, to place before his pupils and readers the origin and gradual development of the science, thus keeping its essentially inductive character steadily before the eye. The first part of his treatise on public health was a history of the prevalent and fatal diseases of the English population from the earliest times to the end of the eighteenth century. The second treats of war in its sanitary aspects, and supplements the accounts of the Devonshire colic, of the small-pox at Blandford, and the outbreak of mania among overcrowded pauper children; of the Plague of London and at Egham, of the Fire of London and its effects, the projects of Wren and Evelyn for rebuilding the city, and the attempt to ventilate the House of Commons; of Anson's voyage and Captain Cook's services, and of the great sanitary reforms of Howard and Jenner; with similar accounts of Lord Howe's victory of the 1st June, of the campaigns of the Peninsula and Egypt and the Walcheren Expedition; of Dr. Brocklesby's extempore hospitals, and of Ambroise Paré's reform in the treatment of gunshot wounds. The latter, like the former, have been compiled from the original documents with Dr. Guy's well-known fidelity and skill, while, as befits their tenor, they are even more animated in style and popularly attractive.

Atlas der Pathologischen Anatomie des Augapfels. Herausgegeben von Dr. H. PAGENSTECHER, zu Wiesbaden, und Dr. CARL GENTH, zu Langenschwalbach. (*Atlas of the Pathological Anatomy of the Eyeball.* By Dr. H. PAGENSTECHER and Dr. CHARLES GENTH. The Text translated into English by W. R. GOWERS, M.D., of London. First Part, five Plates, with Text.) Wiesbaden: C. W. Kreidel. —A good modern atlas, illustrating the pathological changes of the eyeball, has long been wanted. Most of the atlases hitherto in use were prepared in pre-ophthalmoscope times, and certainly before the physical methods of examination and diagnosis of diseases of the eye had attained their present degree of perfection, and before the microscope had come into general use for the examination of morbid changes. The present work will, therefore, be welcomed by every student of ophthalmic anatomy and pathology, as a careful and accurate representation of the minute changes which occur in lesions of the eyeball. The first part of the work is now before us, and consists of five excellently-executed plates containing twenty-seven beautifully-shaded figures. Plate 1 illustrates the changes which occur in ulcer of the cornea and in pannus; plate 2 anterior synechia and corneal cicatrix; plate 3 the conditions resulting from cataract operation; plate 4 occlusion of the pupil, cataract, and iritis; and plate 5 cataract, changes in the iris and corpus ciliare. The work will be completed in eight or nine parts, and will form a useful atlas of the morbid changes of the eyeball. For the benefit of those unacquainted with German, a very good translation of the text has been made by Dr. Gowers. In addition to accuracy, the drawings possess the rare quality of high artistic merit, while the explanations in the text are clear and concise. The work may, therefore, be relied on by those who wish to become acquainted with microscopical appearances of the pathological conditions of the eyeball.

The Georgics of Vergil; with a Running Analysis, English Notes, and Index. By HENRY MUSGRAVE WILKINS, M.A., Fellow of Merton College, Oxford. London: Longmans, Green, and Co. 1874. — Next to the great poem of Lucretius, Vergil's Georgics have been the favourite of the profession, and justly, for nowhere are the processes of nature in her rural aspect more delicately noted or described in purer verse. Mr. Wilkins presents us with a good working edition, embodying the latest improvements which Germany has contributed to the constitution and interpretation of the text. He has anticipated every probable source of difficulty for the average scholar, and has supplied, from a wide range of reading in ancient and English literature, many parallel quotations illustrative of Vergil's meaning. The spelling he has brought up to that now recognised by scholars as correct—an innovation which we hope will be succeeded by an adoption of the true pronunciation as it has now been demonstrated, after having long been practised, on the right bank of the Rhine.

The Practitioner: a Journal of Therapeutics and Public Health. Edited by FRANCIS E. ANSTIE, M.D., F.R.C.P., Physician to Westminster Hospital, &c. No. LXXII. June, 1874. Macmillan and Co.—This journal was evidently wanted. It filled a gap, and we may assume that it has proved a decided success; if not, it deserves to have been so, for it is admirably conducted. It began well, and is well sustained. Dr. T. Lauder Brunton's concluding paper "On the Action of Purgative Medicines," in the present number, is very good, and the articles by Dr. Anstie "On the Prognosis and Treatment of Chorea," and those by Dr. Shearman and Dr. Frederick T. Roberts, are likewise well worth reading.

The Monthly Microscopical Journal. June 1st, 1874. No. LXVI. Edited by Dr. LAWSON. Hardwicke and Co.—This number, completing the eleventh volume of the Journal, contains (1) a paper by H. J. Slack, on Certain Beaded Silica Films artificially formed; (2) the Suctorial Organs of the Blowfly, by John Anthony, M.D.; (3) on the Use of Black Shadow Markings and on a Black Shadow Illuminator, by Dr. Royston Pigott; (4) the Theory of Immersion, by the Rev. S. Leslie Brakey; (5) on Bog-mosses, by R. Braithwaite.

On Hospitalism, and the Causes of Death after Operations. By JOHN ERIC ERICHSEN, F.R.C.S., Senior Surgeon to University College Hospital, &c. &c. London: Longmans. 1874.—Our readers are already acquainted with these lectures; but they have been rearranged, considerably extended, and in some respects altered since their publication in THE LANCET. There is no need for us to say much about them. The subject is all-important, and it has been handled with great skill and judgment, and the views put forward are, we believe, substantially true. We can only advise people to read and ponder them for themselves.

Women and Work; a weekly Industrial, Educational, and Household Register for Women. Edited by EMILY FAITHFULL. No. 1.—A word of welcome to this new and modest little production. Its aim is good and entitled to our sympathy. *Women and Work*, among other things, aspires to become a complete and reliable organ for women seeking employment, and employers seeking workers; and its publication has been suggested "by seventeen years' experience respecting the wants and difficulties of women in their hard struggle for subsistence." We understand that it is shortly intended to publish therein some articles on "Health and Education."

The Competitive Geography. By R. JOHNSTON. Second Edition. London: Longmans, Green, and Co. 1874.—This is the second edition of a useful book, excellently adapted to meet the requirements of advanced classes in schools and of candidates for competitive examinations for entrance to the public services. It bears the marks of having been carefully revised, and the information has been brought down, as nearly as practicable, to the date of publication.

Sir J. Y. Simpson and Michael Faraday. London: Monthly Tract Society. 1874.—These are two well-written biographies of the greatest obstetrician and the greatest physicist of the past generation. As a contribution to the gallery of "Self-Help" they are well worthy the attention of ingenuous youth, and ought to be widely diffused throughout the country.

WINES AT THE INTERNATIONAL EXHIBITION.

THE Wine Exhibition under the Albert Hall will not add to the laurels won by the Exhibition Commissioners in this and past years. It must, we think, be admitted that the show is a poor and scanty one, and hardly deserves the epithet "international." Wines of many countries are, no doubt, exhibited; but as the Governments of the countries from which the wines come, with few exceptions, give no guarantee that they are really what they are represented to be, and since there seems to be no check put upon a wine merchant who may choose to exhibit factitious articles, the exhibition is robbed of half its value.

There is no possibility of gaining any systematic knowledge of wine in the present exhibition. The wines are in no way classified. Thus, instead of having a regularly arranged series of the wines of a country classified according to district, character, and age, we have merely a few stalls set up by some enterprising growers, brokers, or retailers, whose only object it is to sell their goods and not instruct the public. Seeing the immense amount of discussion which has lately been going on upon the subject of wine, we are surprised that the authorities have taken no trouble to teach the public what pure wine is like, and what artificial wine is like. A series of sherries, for instance, showing the transition from a wine all grape-juice to another whose whole alcoholic strength is due to potato spirit would have been interesting and instructive. The only countries which, as far as we were able to see, have taken the trouble to have anything like a complete show of their wines are South Australia and Hungary.

The want of arrangement in the vaults might have been compensated for by a good wine catalogue, which might have been made an exception to those meagre delusions called catalogues at South Kensington, and might have contained some useful hints on the subject of wine. The English have no wine of their own, and are consequently ignorant of the whole subject. There is nothing upon which instruction is so much needed, or would have been so eagerly sought after. As it is, the visitor to the South Kensington vault, which is nothing but a sort of wine bazaar, returns to the surface in just the same state of ignorance on the subject of œnology as he was in when he descended, with the addition, perhaps, if he has not been careful, of a little muddle-headedness.

No wines will prove more interesting to visitors than the wines grown in our own colonies, and we strongly recommend a visit to the stall on which are exhibited the wines of South Australia. They are very varied in character, and samples are shown which are comparable to most of the wines familiar to British consumers. Thus there are wines which remind us of port, sherry, hock, Bordeaux, and Burgundy. They possess considerable strength, and many of them on this account are subjected to the higher duty of half-a-crown a gallon. Notwithstanding this, and the great distance which the wine is brought, those who like to try what Australia can produce can purchase very palatable and agreeable wine for twenty-six or thirty shillings a dozen. We were much pleased with a sample of "Palomino" of the vintage of 1869, grown by Mr. E. T. Peake at Clarendon, near Adelaide. This wine is of the sherry type, is of considerable strength, and possesses a fine bouquet and a most delicate pleasant favour.

A sample of "Reisling" of the vintage of 1868, grown by Mr. Gilbert, at Pensey Vale, South Australia—a wine of a Rhenish type, but stronger than the generality of Rhenish wines—also pleased us. A wine called "Highercombe," which is not unlike sherry, but with the addition of the peculiar flavour which is characteristic of the wines of Hungary, also gave us a good impression, but, although dearer, is not to our minds so pleasant a beverage as the "Palomino."

The wines from California cannot fail to excite interest, and it is difficult to speak too highly of the enterprise of those who have brought us wine a five months' voyage round Cape Horn and offer it to us at the moderate price of 33*s.* a dozen. We know it is not probable that the mere wine-purchaser is likely to be influenced by sentiment, and if the 33*s.* wine from California cannot fairly hold its own against its European rivals, it will go to the wall. But we think it does hold its own, and we gladly welcome the Transatlantic as well as the Australian wines, not only because they are good in themselves, but because we think it is not good for the morals of the wine-growers on the banks of the Rhine, Moselle, and Garonne to have things all their own way.

The show of Californian wines, however, is small, only one firm having come forward to show us what that warm, sunny climate can produce. Messrs. H. Starr and Co., of Moorgate-street, the agents for the "Gerke" (so called after the proprietor of the vineyards) Californian wines, have on show four varieties, two dry and two sweet, all of the same price (33*s.*), and all of the same age (1868). The best of these, to our mind, is certainly the "Gerke," which is a full-flavoured, pleasant, hock-like wine, but with very distinctive characteristics. The other dry wine, called "Muscat," because of the peculiarity of its flavour, is not, we think, so pleasant. Of the two sweet wines, Bosquejo and Angelico, we can only say that they are very sweet, especially the latter. What purposes are served dietetically by such sweet liqueurs we cannot understand, and perhaps it is of no use inquiring, for people's inclinations and tastes are not to be restrained by such considerations. We very strongly recommend a trial of these Californian wines, especially the dry varieties, and we know of nothing that will prove more agreeable as a change with the mutton than a glass of Gerke.

Italy, a wine-growing country some thousands of miles nearer to us than either California or Australia, is unrepresented in this exhibition except by one stall belonging to the Societa Enologica Astigiana, on which are displayed

specimens of wine grown in Piedmont. We tasted a red wine, Barolo, at 27s., like a rough claret, which the attendant informed us was a fair sample of Piedmont productions. Vermouth, which is a wine artificially flavoured with bitter, is an agreeable, appetising, tonic drink, and combined with soda-water makes one of the pleasantest summer beverages possible. It has often surprised us that Vermouth has not displaced the before-dinner sherry and bitters, to which the Briton still clings, and which, from its excessive alcoholic strength, is eminently calculated to retard digestion.

The island of Majorca sends us a single sample of its wine "Albaflor," price 38s. This wine, of the vintage of 1869, resembles sherry very closely, and although we were assured that it had not been in any way fortified, it struck us as being somewhat powerful for a pure wine.

Madeira is represented by the firm of Sampaio Temaos and Company, and those who wish to taste the difference between a Madeira sweetened and fortified for English tastes, and the pure wine as grown in the country, can do so at their stall. The pure Madeira which we tasted struck us as being one of the pleasantest wines we have met with for a long time, but the price (60s.) entitles one to something little out of the common. It certainly is quite a treat to get the delicious Madeira flavour unalloyed by human ingenuity.

The wines of Hungary and Transylvania are well represented. A collection of wines by various growers has been arranged by the Agricultural Society of Buda Pest, which may be taken as a guarantee of their purity.

In most of the dry, white Hungarian wines one meets with the same flavour, a flavour as distinct as that of Madeira, Moselle, or Sauterne; but whether English palates will learn to appreciate it in the way they have for years appreciated the flavour of the white wines of western Europe remains to be seen.

The Badacsony, Szamorodny, and Schomlauer wines are well known to all connoisseurs of Hungarian vintages, and we strongly recommend a trial of these to persons who want a change from the everlasting sherry. Certainly they must be far more wholesome than nine-tenths of the sherry which finds its way into the English market. Of dry red wines there is also a good show at this stall, and those of the Ofner and Carlowitz class need no comment from us. Of the Hungarian sweet wines—ladies dessert liqueurs—we think that their saccharine qualities too often mask their vinous qualities. As for the name of Tokay—*Imperial Tokay!*—it has become as great a curse to the Hungarian market as Johannisberg is to the German, or Yquem to the French. It is but too true that these names are frequently used merely as baits for the unwary. The wine-buyer or wine-taster should always be asking himself "What's in a name?" and he who has most judgment will certainly refuse to look at the label on the bottle till after his palate has delivered the verdict.

In making these remarks, we do not mean to utter a wholesale condemnation of every wine called "Tokay." Far from it, for we have tasted many excellent samples of wine bearing the name. It is to be regretted, however, that the name of a vineyard is not as sacred as are trade-marks and names in this country. As it is, the name on a bottle is no guarantee whatever of the contents.

Messrs. Lapossy and Co., of Pesth, have also on show many creditable samples of light cheap wine. The Badacsonyi, at 18s. a dozen, is a clean, acid wine, very characteristic of Hungary. It would, we think, make a useful dinner wine, and would be likely to aid digestion with those dyspeptics who are unable to take beer. "Som," a wine of more than twice the price, is of a higher class, but hardly twice as good as the Badacsonyi.

Charles Kinloch and Co. exhibit a great variety of wines of all countries. White Catalan, a wine of the sherry class, at 20s., and Red Catalan, a wine of the port class, at the same price, appear well worth the money, which is more than can be said of many cheap wines from the Peninsula. Their virgin sherry and virgin port both struck us as being stronger than the pure wines from the Peninsula usually are, and the port was too sweet for ordinary use.

Messrs. Kinloch have among their samples some Greek wines—Red and White Phanean. The white variety is like most Greek wines, too acid to be agreeable; but the Red Phanean was an excellent sample, with a mixture of very slight astringency and acidity which are likely to make it popular as a dinner wine.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

A SECOND *conversazione* (the first having been held two years ago under the presidency of Mr. Curling) took place at the Society's rooms, on Tuesday, the 9th instant, and the success which attended it will be likely to render it a permanent biennial institution of the Society—i. e., one during each presidency. The inconvenience and straitened character of the Society's rooms had previously always been a bar to the adoption of such meetings, but the additional building, and widening of entrances to rooms, &c., which were carried out three years ago, have rendered the premises much more convenient for such purposes.

There was a large assemblage of the heads of the profession, with some celebrities from the collateral branches of the scientific world, Dr. C. J. B. Williams, the President, receiving the company in the large meeting-room.

Among the objects of art which adorned the rooms were some which had a peculiar interest, as being the production of members of the profession. Mr. Seymour Haden nearly filled the walls of the reading-room with a collection of his beautiful etchings, including a masterly washed etching after Turner's "Calais Pier." Mr. J. L. Propert also contributed some of his works of the same nature, and Sir Henry Thompson sent a collection of his water-colour drawings and sketches; which had a rival counterpart in a portfolio of equally beautiful drawings by the late Mr. Solly, lent by his son, Mr. S. E. Solly. A painting of two children by Medley, who painted the large picture of the "Medical Society of London," was lent by Sir H. Thompson, the elder child in which, we understood, was a portrait of the mother of the contributor. The other pictures included Landseer's Studies of Lions, lent by Mr. Hills, drawings from Mr. P. Hewett's collection, paintings by Morland, Stothard, Heemskerck, &c., from Messrs. Graves, and an interesting set of three portraits of Northcote, by himself and his friend J. King, lent by Dr. Hare and the Rev. Mr. Holman; and an amusing collection of medical caricatures, from the Society's collection, was exhibited in the front lower room. There were also marble busts of the late Dr. D. D. Davis, Obstetric Physician at University College, and of the President, Dr. Williams, by Mr. Edward Davis; a Madonna, by Mighoretti, lent by Dr. Hare; Wedgwood vases from Dr. Sibson's collection; a valuable, very curious, and unique collection of antique vitreous cinerary urns and marble cysts or sarcophagi, holding human ashes after cremation, with numerous smaller articles, such as lamps, water-jugs, scent bottles, &c., connected with the private life and toilet of the ancients, lent by Dr. Barratt, from his large collection of similar antiquities; and in connexion with the above, Sir H. Thompson exhibited some modern human ashes after cremation.

Many novel scientific inventions were exhibited, and some of the most recent improvements in optical instruments and microscopes were shown by various firms. Mr. Lawson Tait exhibited his new Hæmatoxylin and Litmus-staining Processes. There were deep-sea registering thermometers, by Messrs. Negretti and Zambra, a series of fourteen thermometers to show relative sensibility, by Mr. G. J. Symons; the composition of two rectangular motions, by Mr. J. Tisley; the mode of using two objectives for varying power, by Mr. James Smith; a new form of astronomical sextant for observations in the dark, by Captain J. E. Davis; the fluorescence of actinic rays, by Dr. Gladstone; and photographs of lines in solar spectra, by Mr. Norman Lockyer.

The Pharmaceutical Society and Messrs. Bell, Morson, Squire, Hopkins and Williams, Herring, &c., showed new pharmaceutical specimens and preparations, and Messrs. Ferguson, Mayer and Meltzer, and Krohne and Sesemann numerous novelties in surgical instruments; the President himself showing the various changes made in the construction of ear-trumpets and stethoscopes; Mr. Hutchinson lent a series of coloured drawings of skin and eye diseases, and Mr. John Wood drawings of muscular variations, and of operations in plastic surgery.

The rooms were adorned with a fine collection of flowers and tropical plants by Messrs. Veitch, and liberal refreshments were served in the suite of rooms on the first floor.

THE LANCET.

LONDON: SATURDAY, JUNE 20, 1874.

IT will be strange indeed if the annual recurrence of pleadings for hospitals and dispensaries such as took place on Sunday last in the cathedrals, churches, and chapels of London, and were reported with various amount of detail in Monday's papers, failed to have an advantageous effect on these institutions. We are not much concerned with the comparison of the sum of the collections last year and this. It may be a little more this year or a little less than it was last. It might be gathered from the tone of our writing last week that we were quite prepared to see a little falling off this year. There will be no harm done if this shall prove to be the case. We feel pretty certain that there will be no material falling off—no shortcoming that will not be abundantly made good another year by a little extra care and generosity in certain directions on the part of the Distribution Committee when it comes to its work in a few weeks' time. Up to Tuesday night it is noticeable that the sums received at the Mansion House were over £9000, which compares favourably with the same period last year. Taking at random the collections of twenty congregations in 1874, including St. Paul's—in which there is a remarkable falling off as compared with 1873,—we find that they have sent to the Mansion House this year £2415 8*s.* 4*d*; whereas in 1873 seven of these congregations sent no collection at all, and the sum sent by the remaining thirteen was £1598 3*s.* 5*d.*—giving a surplus for these congregations of £817 4*s.* 11*d.* in 1874 as compared with 1873. It is noticeable, however, that the same congregations which in 1873 contributed £1598 3*s.* 5*d.*, raised in 1874 £1420 15*s.* 11*d.*—less by £177 7*s.* 6*d.* Clearly, an exact comparison will not be practicable for some days. Whether the result shows that the sum collected is a little less than before or only a little more, we hold the lesson to be the same—namely, that more care must be taken to conciliate outlying districts which are mainly interested in dispensaries. Some good authorities would attribute the decline of collections to the abatement of enthusiasm and of novelty. We shall resist this explanation as long as possible. In many instances local circumstances would explain it, having reference to the numbers of the congregation and the way in which its members or its clergyman had been impressed with the work of the Council and its committees last year. But that novelty or enthusiasm should fall in reference to such a cause, especially in one short year, is beyond our belief, and is contrary to the experience of all the provincial towns. We shall greatly resist the conclusion that London is different from them in this matter. It is indeed different, but different only in being greater and wealthier. If it be not different in the direction of being more generous and more charitable in the very height of the season of luxury and fashion, so much the worse for London.

We cannot conclude without a word of thanks to the clergy of all denominations. They did their work admirably and heartily, in the spirit of Him who went about "healing all manner of sickness and disease among the people." They indicated well enough their opinion that charity must be careful and discreet; but they did well to insist, above all things, that, if Christians would be worthy of their name, they must be pitiful and helpful to people in whose lot sickness and poverty combine to produce disability and distress, and even death. We are proud to have been in any degree promoters of an institution of which Dean STANLEY said: "For this purpose, on this day, Church and State, prince and peasant, East and West, Protestant and Roman, Churchman and Nonconformist alike, combine in promoting an act of charity which admits of no controversy, of no misconstruction, and which brings with it its own immediate and certain reward."

AT this time of the year we naturally begin to look ahead and watch for the approach of our old enemy, Cholera. The history of the epidemic, as it arose and progressed in Europe during the latter half of last year, was epitomised in THE LANCET of October 25th; but it was not until the 5th of January in the current year that *The Times* was able to record—"Cholera has now become dormant, if not extinct, in the greater part of the districts in which it was disseminated during the past year." The history of the epidemic of 1873 was, as we know, remarkable for the wide diffusion of the disease and its comparatively feeble activity. But it must be recollected that, if continental statistics are at all trustworthy, the epidemic destroyed in Europe, between April and December of 1873, upwards of a quarter of a million of persons, of whom 183,500 were natives of Hungary. Whether the official statistics be magnified or minified, the total amount, with all due allowances made for any discrepancies, is appallingly large. The disease appeared at most of the seaport towns on the basins of the Baltic and Mediterranean; and, having regard to the fact that some of our chief ports on the east, south, and west coasts are in almost hourly communication with these places, it is surprising that only seven or eight actual importations occurred, all of which were very promptly and successfully dealt with by the Medical Department of the Local Government Board and the respective port sanitary authorities.

Up to the present date there is hardly a whisper of the existence of cholera in an epidemic form anywhere in Europe. It was, indeed, reported last week in Silesia, but in a shadowy and indefinite way; and we learn that no official particulars have as yet been received. However, inasmuch as, without being alarmists, we may assert that the probabilities are in favour of its "revival" on the Continent at some time during the autumn, it behoves us to watch narrowly the nature and quality of the preparations made at the ports of the kingdom to oppose its ingress. The countries that will in all probability send us this unwelcome importation are France, Holland, Belgium, or Germany; and we range them in the order of importance. It is well known that France, official and unofficial, is reticent on such matters, and bottles up her information until she is absolutely compelled to uncork it, or, indeed, until

the bottle bursts or the cork is summarily ejected. Hence the disease may exist at Calais, Boulogne, Dieppe, or Havre eight or ten days before any sort of announcement of the mischief appears. Holland, on the other hand, is very open in all sanitary matters; and we have now the means of knowing as to the existence of cholera at Rotterdam, Amsterdam, or the Hague a few hours after the first case of the disease has occurred in either city. The importance of obtaining early information is of course sufficiently apparent; but it remains to be seen whether the various port sanitary authorities are in accord as to the proper means to prevent importation. We believe not; because it appeared that, during the autumn of last year, there were very few ports in the kingdom that appreciated and interpreted properly either the letter or the spirit of the Order in Council issued on the 17th of July, 1873. In London no systematic inspection of vessels arriving from infected places was made (except in the case of those bringing large bodies of emigrants), unless the Customs authorities gave notice of the existence of disease. At Liverpool also no examination was attempted, and as a consequence, both here and in the Thames, cases of disease were introduced, false or evasive replies having been given to the formal questions put by the Customs authorities. At the port of King's Lynn, and, as we believe, also at the mouth of the Tyne, all "suspected" vessels were boarded regularly by the port medical officer, and with good results. This, we take it, is the only proper or effectual line of action; for it is not in such a matter sufficient to trust to the veracity of the master of the ship, who, as matters now obtain, simply replies to a stereotyped form of questions put by a Customs officer as the latter sits in his boat alongside. In point of fact, if this system is successful in sanitary matters, why not apply it to the business of the revenue as well—take the word of the captain that there are or are not duty-borne articles on board, and so do away with "rummaging" altogether? This by the way. It is the duty of the health officer at each and every port, when cholera prevails on the Continent, to board all ships that arrive from suspected or infected ports, and "rummage" for cases of sickness as narrowly as the Customs officer rummages for lace and tobacco. The problem is how to carry out such a system cleverly and effectually at the entrance of our large ports without obstructing commerce. In small ports, as that of King's Lynn above quoted, the work is comparatively easy, and can be performed by the medical officer single-handed. But at London, Liverpool, and some two or three other places, a large number of steamvessels arrive from the Continent with every tide, by night as well as by day, merely "go easy" while the Customs' questions are being asked, and then proceed at once up the river. So that at the two or three chief ports, even if the suspected vessels bore a distinguishing light or flag, a staff of three, or perhaps four, medical officers would be required at certain times of the tide, assisted by steam power, and aided in their work by the Customs authorities. The working difficulties of the matter are, as we believe, somewhat underrated in the first Half-yearly Sanitary Report of the Sanitary Authority of the Port of London; for, as *The Times* remarked in criticising the plan proposed, "it would be very false economy to do it [the inspection] either badly, so as to produce a false security, or slowly, so as to interfere with commerce or with travelling merely for the sake of keeping down the necessary staff." It is, in fact, a mere question of multiplication; for if the plan be workable at all, it can be adopted, by judicious organisation, at large as well as at small ports.

Everything, however, must depend upon the application of the system simultaneously at each and every port in the kingdom, and to this end we think that the Medical Department of the Local Government Board might issue a specific recommendation showing the port sanitary authorities the best mode of proceeding under Art. 7 of the Order in Council above quoted. It would of course be ridiculous to inspect, say, all Rotterdam vessels that arrived in the Thames, and neglect this precaution at Harwich; and we are told that, as to the Calais, Boulogne, and Dieppe boats, surveillance would be impossible and delay would not be brooked. It appears to us that on these latter lines, and in the presence of an epidemic of cholera in any of the ports of Northern Europe, every steamboat engaged should have a medical officer on board, whose business, during the passage across, should be to accomplish the same inspection as would be performed in other cases at the end of the journey, and so avoid any vexatious delay. In seasons of emergency, all mail or fast steamboats from Rotterdam, Antwerp, Ostend, Calais, Boulogne, and Dieppe might be so treated, special attention being of course directed to those continental ports known to be infected. If energetic and thoroughly combined action be taken, we believe that port sanitary authorities will be classed among our most useful coast defenders.

THE recent appearance of a parliamentary paper, containing some smart passages of arms between the War Office and the India Office, coupled with notices of motions by Sir G. BALFOUR on the necessity for reorganising our army system in India, so as to diminish the great cost entailed by the existing system on the Indian Government, has again awakened public attention to a very big and important subject. When the old system was swept away after the Indian mutiny, and the Government of India was transferred to the QUEEN, the local was replaced by an imperial and European army. It then became evident that the maintenance of a large force in a climate so inimical as that of India to the European soldier would prove a great drain on the youth and manhood of this country. The subsequent adoption of the system of short service has, moreover, tended to add fresh difficulties to a subject already complicated and difficult enough to tax the administrative qualities of any statesman. The Government of India naturally resists the great expenditure entailed by the new *régime*; and, up to a comparatively recent period, we have done but little to husband our resources by utilising those natural advantages which the hill climates of India offered. HYDER ALI declared long ago that he would treat European soldiers like fighting leopards—spare them in ordinary times, and let them slip only when the moment of action had arrived; and there is no doubt that he was perfectly right. We enlist our recruits in this country at seventeen or eighteen years of age, for the very good reason

that we cannot get them older. Military service is for six years. These recruits require to be drilled in this country; they proceed to India in due course, and, if they have to serve in the plains, they almost inevitably sicken and prove ineffective. A battalion newly arrived in India suffers from two causes: one affecting it in a collective sense by virtue of its being newly arrived and exposed to altered conditions of climate and concomitant physiological modifications of life; the other, due to, and varying with, the amount of youth and immaturity of the soldiers composing it. Not only is there a large amount of ineffectiveness from sickness under such circumstances, but it must often happen that this becomes the cause of remote effects on health, which end in invaliding or premature death. The age at which so many of our soldiers now reach India is that which renders them, in all countries and climates, most liable to contract fevers, and especially enteric fever. Many very valuable and instructive lessons may be learnt from Dr. BRYDEN'S Vital Statistics of India, and especially in regard to these questions of young soldiers and acclimatisation. On the other hand, the liability to visceral diseases of an organic character, and affections of the nervous and circulatory systems, is increased in those who arrive in India late in life; and the invaliding and mortality from the same diseases also increase with increased age and length of service in the country. To the latter class of cases the value of the curative properties of the mountain regions of India is as small and doubtful as their value and power of *preserving* the health, in the case of the former, are large and unquestionable. If, therefore, India is to be garrisoned by a large force from this country recruited on the short-service system, it seems clear that, on sanitary grounds, all regiments should be sent at once to the hills on their first arrival in India. The strength of an army, other things being equal, resides in its marching powers; and it is but reasonable to suppose that soldiers who descend in good health and physical training from the hills must be better fitted to take the field on active service than those whose health and vigour have been impaired by prolonged residence in the plains. The number of troops located on the hills is yearly increasing, and we hope that some system will be adopted for arranging a regular rotation of stations in India, so that a large portion of the European force shall reap the benefits of a residence on the mountains during its tour of service in that country.

THE agitation concerning the higher education of women grows apace. Within the last six months the question of woman's proper place in nature has been considered in its serious as well as in its ludicrous aspect by statesmen and politicians, by political and social economists, by physiologists and philosophers, by lawyers and literary men. It has forced itself into the House of Commons, with the natural result of demonstrating that there are members of Parliament who are as ridiculous and illogical in the discussion of extra-parliamentary subjects as they are in questions of purely political interest. On Friday, the 12th inst., an unsuccessful attempt was made to ask the House to remove the legal disabilities to the admission of women to the degrees of the Scotch universities. The majority of the advocates for the innovation were evidently of opinion that the higher education of women consists in qualifying them for the medical profession. One honourable gentleman, whose glory departed at the advent of the present ministry, urged, in his characteristic style, that a large number of women now employed as nurses only require to be educated to become physicians. Another gentleman, who boasted of a connexion with the medical profession twenty years ago, affirmed that many valuable lives are lost in consequence of nurses not being educated in the science and practice of medicine. Whether this experience resulted from a connexion with the medical profession twenty years ago, or arose from a species of "unconscious cerebration" in the speaker did not transpire. But the most urgent appeal in favour of the proposed changes was made by a member who had observed that for thirty or forty years there had been a steady decrease in the number of medical practitioners, and that during the same time quacks had been as nearly as possible choked out. This gentleman did not, however, forget to pay the profession a high compliment by stating that during the same time the death-rate had increased. If this may be taken as a sample of the style of argument used by our legislators, we may well feel grateful that so far the subject is beyond their interference and control. But elsewhere the question has been discussed with seriousness and intelligence. We have already referred to Dr. MAUDSLEY'S able article on "Sex in Mind and Education," and to Mrs. GARRETT-ANDERSON'S reply; but, as the subject has been revived in *Blackwood's Magazine* for this month, it will be interesting to re-examine the questions at issue.

As might have been expected, the articles which recently appeared in the *Fortnightly Review* have called forth a variety of opinions and criticisms, not only on the respective merits of the two disputants, but on the general question of female education. Purely literary and non-professional writers have for the most part condemned the manner in which the subject has been introduced to the public notice in the above-mentioned periodical. Objection has been made to the discussion in non-medical publications of the female sexual functions in their relation to nutritive and cerebral processes. It has been held that all such considerations should be limited to purely medical readers, or at least to medical journals. This is perhaps not unnatural, when we consider that hitherto the subject of female education has been dealt with in its social and domestic aspects only, while the really essential and fundamental elements—the physiological functions of women—have been entirely overlooked or reserved for strictly professional readers. To break through the prescribed limits of literary decorum and to place before the public a close and critical examination of the sexual relations of women required more than ordinary courage on the part of the author, and were sure to bring down upon his head the severest censure, if the end should be deemed not to have justified the means. The writer in this month's issue of *Blackwood's Magazine* is particularly offended at Dr. MAUDSLEY'S style, and reprehends the manner in which he has treated his subject. But surely it is better that plain physiological facts should be openly stated in respectable publications by those who are competent to grapple with them, than that women should be left to the false and

poisonous whispers of the "Secret Friend" of the quack fraternity. Looking at the matter from this point of view, we confess that we fail to see any impropriety in Dr. MAUDSLEY'S conduct, or in that of the periodical which was bold enough to publish his views.

Whether the articles to which we have referred have served any useful purpose, or have tended to define and determine woman's rights, is quite another matter. Practically, the question stands where it did. Dr. MAUDSLEY, as we have previously said, condemned a false system of female education, while MRS. GARRETT-ANDERSON, in her reply, advocated an improved one. The matter has been differently stated by the two writers. If the would-be reformers of woman's status and position were to confine themselves within the bounds of reason and common sense, there can be no doubt that the movement for a better system of education of women than at present exists would receive the hearty support of many who now stand aloof from the presumptuous pretensions of exceptional women. An improved system of education to be acceptable must apply to all women, in every state and condition of life, and not only to those who would dewomanise themselves. It must have for its object the advancement of woman generally, and not merely the "forcing" of exceptional prodigies. The fact that the agitation for a better system of female education has been made a plea for the entrance of women into professions and vocations for which they are physically or morally unfitted, or from which they have been excluded by long tradition, has done much to injure a worthy cause.

Whatever be the condition of the women of the present day, there can be little doubt that they are mentally and morally superior to the women who are known to us through the records of the social writers of the last century. That they are better educated admits of no question. But much yet remains to be done to develop to their attainable degree the latent energies and excellences of our women. This, however, can only be accomplished, as we have said, by some organisation whose operations will extend to all classes and conditions of women, and not by parliamentary legislation for half a dozen women at this or that college or university. If women are to be improved, the movement must be general, and not merely aimed at an alteration of existing conditions for the gratification of mistaken ambition or self-conceit in isolated instances. In order to secure better women we must have better girls, and for better girls we must secure better instruction. It is for women themselves to work out their own improvement. Girls, as a rule, attend school as long as boys, and yet, as far as scholastic attainments are concerned, they are much less accomplished. The fault does not lie in the female constitution, but in the system of training and education to which girls are submitted. The first object, therefore, to be attained is the competence of those who are entrusted with the care and education of girls. If this were effected it would speedily react upon the instructed, whose supple natures would not fail to be favourably affected by the influence of the agencies made to operate thereon. Thus might female education be considerably advanced in one generation, and its effects greatly multiplied in the succeeding one. If the mass of girls and women should become thus improved, they will find that in their own spheres of action there is abundant means of doing good, and of employing themselves and their talents with improvement and profit. When this improved and ameliorated race of women shall have accomplished all that their increased powers will render them capable of, then may they be justified in turning their attention to the callings of the other sex, and, if need be, in undertaking their promotion and advancement. But until they have thoroughly exhausted all their own fields of labour it is not strange that the more thoughtful and conservative portion of mankind should hesitate before they resign to women the severer duties of life.

THE evidence that has been adduced during the past week before the Select Committee on the Adulteration Act indicates more and more clearly the distinct relations that should exist between medical officers of health and public analysts; and letters on the same subject that have appeared in *The Times* indicate as clearly that analysts are not competent physicians, and that physicians cannot, from want of time and training, become skilled analysts and at the same time competent medical officers of health. It is the duty of the analyst appointed in such district to make a scientific examination of any sample of food or drink submitted to him officially for this purpose. He reports (or should report) simply and solely upon the constituents of the article in question, and there his duty ends. It is not his province to say whether an article is or is not adulterated within the meaning of the Act, any more than it is his province to say whether an article is or is not injurious to health, incapable of sustaining life, or unfit for human food. The legal interpretation of the word "adulteration" is a matter for the magistrates. On the other hand, it is the duty of the medical officer of health to learn (and learn very thoroughly indeed) the actual and comparative merits of life-preserving and flesh-producing constituents of food and drink; to know in a scientific sense what is good, bad, and indifferent in the common food of mankind; and, furnished with the valuable information communicated by the analyst, to adjudicate accordingly. All knowledge of course is useful and powerful; but, speaking in a strictly official sense, it is no more the business of the analyst to know how much or how little starch will support life, than it is the business of the officer of health to know the precise chemical constituents of beer, bacon, and butter. We do not assert that a knowledge of all these things cannot be acquired by one and the same person. But inasmuch as the State now very properly requires, or should require, a high standard of excellence in both walks of work, each necessarily becomes special, and the occupations of analyst and health officer should be as distinct in the maintenance of health and the prevention of sickness as are the occupations of physician and surgeon in the restoration of health and the cure of disease.

IN the last weekly returns for Calcutta, ninety-three deaths from cholera were recorded, showing an appreciable increase of mortality from the disease. In Madras the epidemic of small-pox is abating.

Medical Annotations.

"Ne quid nimis."

THE GENERAL MEDICAL COUNCIL.

THIS body, in commercial language, will commence business, in new and commodious premises in Oxford-street, on the 9th of July. Summonses have been issued for a meeting of the Council on that day. It is difficult to say what will be the nature of the business which will occupy its attention. There seems an entire lull in the work which it is supposed to forward. Conjoint Schemes are at a discount. Ireland, praised so much last year for her Scheme by the Council, is threatening to be as intractable as she sometimes proves in the House of Commons. In plain terms, the Irish Scheme is nowhere; Scotland has not a Scheme; and even the English Scheme seems *in nubibus*. We shall be curious to see whether the Council will frankly confess to failure in this matter, or occupy another week in talk upon it. The Council must prepare to be considered a body with very little self-respect if it goes on from year to year recommending certain courses to the various licensing bodies in each division of the kingdom, and having its recommendations year after year, on one plea or another, disregarded. Perhaps the President will be able to show that he has been in communication with the Government in respect of a general Bill enabling the licensing bodies to form Conjoint Boards. But this has been the case, more or less, any time during the last few years, and nothing comes of it. We want a Bill, not enabling, but enforcing the bodies to form Conjoint Boards. We have indicated one subject which should engage the attention of the Council as a body with grave judicial functions. A person who at its last meeting was adjudged guilty of infamous conduct in a professional respect, and the erasure of whose name from the Register was ordered, still continues in the full possession of all the qualifications which he possessed before the procedure of the Council, and continues to practise on the strength of them. The Council will perhaps consider that it has no further concern in the matter; but this will not remove the awkwardness of three medical bodies keeping a name on their respective rolls which the Council has removed from its Register.

Perhaps the most important and interesting subject which will come before the Medical Council at its meeting will be the reports of the visitors of examinations. Our readers will remember that a number of gentlemen of standing in the profession, not members of the Council, were specially appointed to visit, in company with members of the Council, various of the examining boards. It will be interesting to see how this system has worked, and how far the observation of the visitors throws light on the efficiency of the respective boards. The debates of the Council we may hope will be enlivened by the contributions of two new members worthily representing Edinburgh and Dublin—Dr. Begbie and Dr. Rawdon Macnamara.

AMENDMENT OF THE SANITARY LAWS.

THE President of the Local Government Board's Bill for explaining, amending, and extending the Sanitary Acts runs up to 58 clauses, of which no less than 18 are specially devoted to the explanation and amendment of the Public Health Act of 1872. We are evidently a very long way removed from anything like finality in legislation as yet, when what was supposed at the time to be so well considered a measure as the Act of 1872 is found within two years to need overhauling and repairs, just as much as if it were one of our modern ironclads. The chief points in the Bill may be briefly noted. In the first place it is expressly enacted that rural sanitary authorities and boards of guardians are to be the same authority in every respect. Next, provision is made for the joint appointment of medical officers of health and other officers in combined sanitary districts by giving the Local Government Board power in such case to prescribe the manner of the joint election, and the distribution of the cost. Riparian authorities are to have representatives on port sanitary boards, and the sanitary authorities of several ports may combine to form one port sanitary authority. It is declared to be the duty of an urban authority, when so ordered by the Local Government Board, to cleanse streets, privies, and ashpits, under a penalty not exceeding 10s. a day for default. Clauses 22 to 30 have reference to the constitution and election of local boards, and 31 to 40 contain provisions relating to the acquisition of property, to borrowing powers, and to the audit of accounts. Under the heading "bye-laws" is a clause (45) empowering sanitary authorities to make bye-laws for regulating the lodging and other treatment of persons engaged in hop-picking; and another (49) requiring keepers of registered common lodging-houses and of registered or licensed slaughter-houses to exhibit on their premises a notice showing that they are recognised by authority. "Miscellaneous Sanitary Provisions" are comprised in Clauses 50 to 56. Amongst these is one (50) relating to "water in any well, public or private or supplied from any public pump, so polluted as to be injurious to health," in respect of which the sanitary authority may take proceedings before the magistrates with a view to protection against injurious effects resulting from the use of such well or pump. For the purposes of the 26th section of the Sanitary Act of 1866, the Local Government Board is to have the power to order that any hospital or place for the reception of the sick which is situated within a convenient distance of a sanitary district shall be deemed to be within such district. By clause 52, the power given to sanitary authorities outside the metropolis by the 51st section of the Public Health Act of 1872, "to direct the destruction of any bedding, clothing, or other articles which have been exposed to infection from any dangerous infectious disorder, and to give compensation for the same," is extended to the metropolitan sanitary authorities. Clause 54 brings milk into the category of substances over which medical officers of health and sanitary inspectors have power of inspection under the Nuisances Removal Amendment Act of 1863; and the succeeding clause provides for the issue of a magistrate's warrant to search for unsound food. Finally, and as bearing upon a subject which at this season of the year has a special interest for all who contemplate migrating to seaside lodgings, the provisions of the Sanitary Act of 1866 relating to the letting of houses or apartments in which infectious disease has occurred are made more stringent by clause 56 of the Bill under notice. The proposal now is that it shall be a penal offence not only to let such a house or apartment, but to give a wilfully false answer to an inquiry "as to the fact of there being in such house, or having within three months previously been therein, any person suffering from an infectious, contagious, or epidemic disease." A lie in this respect will render its fabricator liable to imprisonment, with or without hard labour, for a period not exceeding one month, or to pay a penalty not exceeding £20. No doubt there will be cases of occasional hardship under the operation of this clause, as when lodging-house keepers have themselves been deceived by their tenants; but, on the whole, the proposed enactment is perhaps not more stringent than the necessity of the case demands.

We turn the last leaf of Mr. Sclater-Booth's new Sanitary

Bill, and think of the addition it will make to the already perplexing number of statutes out of which our laws of public health are evolved, while we sigh in vain for their codification.

THE COLLEGE OF SURGEONS ELECTION.

No fresh names have been added to the list of candidates since our notice of the forthcoming election into the Council of the College of Surgeons a fortnight back, and the five gentlemen we then named will no doubt go to the poll. It is amusing to note the mode in which our contemporaries treat the candidates according to their predilections. The *Medical Times and Gazette*, which, it is whispered, draws its inspiration direct from the office of the College of Surgeons, published last week an article in which an attempt is made to plead for Mr. Hilton's re-election (although it is allowed that he ought to give way to others), on the ground of his "experience and business qualities, which are of unusual advantage to the College." It is plaintively urged that none of his "fellow-candidates could in experience and knowledge of College business replace him," which means, in plain English, that they are more likely to take a course independently of the permanent officials. The writer proceeds to urge that if Mr. Hilton "has been distinguished as an examiner rather for the *fortiter in re* than the *suaviter in modo*," he "definitely resigns the post of examiner, whether re-elected to the Council or not." This opens a very important question, which we should prefer to have left untouched at present—whether the conduct of an examiner should or should not influence his election to the Council. The fact, however, remains, that Mr. Hilton has not at present resigned his seat as an examiner, and that, although professing his readiness to follow the example of Sir William Fergusson and Mr. Quain some years back, he has continued to hold the office until his decennium has all but expired.

The organ of the British Medical Association contents itself with naming the candidates *alphabetically*, in order to put Mr. Baker of Birmingham first, and Mr. Henry Smith last, on the list, although three years senior as a Fellow to Mr. Baker. Mr. Hussey, of Oxford, may, we think, fairly enough complain of the manner in which he was treated by the self-nominated representative of the provincial surgeons last year. He is as much a provincial hospital surgeon as either Mr. Southam or Mr. Baker, but last year his claims were altogether ignored, Mr. Southam being said to be the "only candidate representing a principle," and this year his claims are postponed to those of his junior, Mr. Baker. The fact is that Mr. Southam and Mr. Baker are both fortunate enough to be members of the "Committee of Council" of the British Medical Association.

A NEW OPERATION FOR CLEFT PALATE.

LAST year (vol. ii. p. 784) we noticed an operation which had been performed and proposed by Sir Wm. Fergusson for the closure of cleft in the hard palate, after the failure of the ordinary operation of Langenbeck, or in cases where this operation is unsuitable. The operation, as our readers will remember, consists in paring the edges of the mucous membrane on each side of the cleft, and then, by means of a chisel, splitting the hard palate on each side, and forcing the two portions of bone thus obtained towards the middle line. The osseous fragments are then bound together in the middle line by means of two or three silk ligatures, each of which passes through the nasal cavity. Subsequently, in the "Mirror of Hospital Practice," at page 298 of this volume, we reported the details of the operation, and the results in all the cases in which it had, up to that time, been performed. Although the operation has hitherto been remarkably successful, considering the severity of some of the cases in which it has been employed, it had one drawback. The two bony fragments were liable to become tilted. To obviate this, Sir William, last Saturday, modified, and, we think, improved his operation. After paring the edges of the mucous membrane, he pierced the hard palate with an ordinary shoemaker's awl in two places on each side of the cleft, close to the margin, in such a manner that the holes on one side of the fissure were directly opposite those on the other side. A separate silk suture was then passed through each hole on one side, carried into the nasal cavity, and brought into the mouth again through the holes on the opposite side of the cleft. When the sutures were thus secured, the hard palate was divided on each side, outside the apertures, by means of a chisel in the manner previously described. The silk sutures were then drawn together, and the two fragments of bone brought into gentle apposition. Sir William remarked that since first performing this operation he had found that it had been previously recommended by Dieffenbach.

Though this last modification lengthens somewhat the operation, and increases perhaps the difficulties of its performance, it nevertheless greatly enhances its value. In due course we shall furnish our readers with the results of the cases treated by this means.

SANITARY CONDITION OF CAMBRIDGE.

ON a recent visit to Cambridge we were sorry to find that apparently no attempt had as yet been made to improve the sanitary condition of the town. Indeed, matters seemed to be just in the same condition as when we made our report in January. We found the sewers still unventilated and inadequately flushed; the river foul, stinking, and loaded with fæcal matters, and no medical officer of health as yet appointed.

The Bill by which it was proposed that the sanitary authority should acquire additional rating powers has fallen through. By this Bill additional burden would have been thrown on the university, which, instead of contributing one-fourth to the improvements and one-eighth to the poor-rate as at present, would have taken an equal share in the rating of the town, and this they were willing to do. But, owing to the opposition of certain members of the Town Council, so many difficulties arose that the Bill was thrown out. Meanwhile matters remain at a standstill.

The town surveyor, who last January was amongst the foremost in attacking our report, denouncing it as exaggerated and unfounded, is now a convert to our views, if we may judge from a recent letter of his to the sanitary authority. He admits now that "the condition of many of the public sewers demands immediate attention, and I feel it my duty to urge upon the board the necessity of some systematic mode of examination of the sewers throughout the town generally." Better late than never; and now the official mind is awake to its responsibilities, improvement of some sort ought to follow. The town surveyor is, we believe, competent to deal with the sanitary problems before him, but, like other officials under the present system of local government, sadly trammeled by the various interests and opinions that influence the members of his board.

The report of Dr. Buchanan to the Local Government Board on the recent outbreak of enteric fever at Caius College was read at the meeting of the sanitary authority on June 9th. Dr. Buchanan traces, as we did, the progress of the epidemic through the town during the months of July, September, and November, till it reached Caius. He attributes the localisation of the outbreak in the new buildings

to contamination of that particular section of the college water service with sewer gas. He says he found "that means of ventilation, apparently efficient and safe, were being applied to the college drains, and that all minor hazardous or suspicious conditions which had fallen under notice were being actively remedied." In our report we noticed the zeal and activity displayed by the college authorities in investigating the causes of the outbreak, and their determination to make the sanitary arrangements of the college as complete and efficient as possible. We now congratulate them on having won the approval of so eminent an authority as Dr. Buchanan on their labours.

One word in conclusion. The same precautions adopted at Caius should be employed by the other colleges at Cambridge, and every lodging-house licensed for students should be carefully inspected, and measures taken to prevent water contamination, or the entrance of sewer gas in these dwellings. Typhoid fever visits Cambridge more or less severely every autumn, but the disease ought never to spread again among the undergraduates, if the precautions we have so often insisted on be effectually carried out by the university authorities.

THE FACTORIES (HEALTH OF WOMEN, ETC.) BILL.

REFERRING to this Bill a fortnight ago, we remarked that the objections to its proposals for further restricting the hours of work of women, young persons, and children would have to be very strong and very well put to justify the Legislature in declining to pass the Bill. Accordingly we are not surprised to find that the Legislature, by a large majority, has assented to the second reading of the Bill. The opposition came almost entirely from Mr. Fawcett, and, though a host in himself, he failed to carry with him more than 78 members. Mr. Fawcett naturally made much of the fact that of 163 medical men examined by the Commissioners, 131 stated distinctly that the hours during which women were employed were not too long; and that of 173 who were asked if there was anything injurious in the labour which the women engaged in, 99 gave a distinct negative, and 52 of the remainder pointed out sanitary defects which affected men as well as women, and which of course should be remedied. The manufacturers did not support Mr. Fawcett. Mr. Baxter cordially supported the reading of the Bill, and said that in a small factory of his own in which the men formerly worked twelve hours, and, when trade was good, fourteen or fifteen hours for part of the week, only men were employed, and there was no legislative restriction; but he himself twelve years ago peremptorily prohibited more than ten hours a day, and *more bales had been ever since turned out in ten hours than in twelve or fifteen hours of the former period.* Such testimony from one manufacturer after another was irresistible in favour of a legislative restriction to a very reasonable degree of the labour of those who are more or less dependent—namely, women and children. Mr. Fawcett himself did not oppose the educational clauses of the Bill.

We are glad to learn that Dr. Lush has given notice of a clause to prohibit women who have recently borne children from working. We shall be much disappointed if the House, which seems in a humane mood, does not try to help Dr. Lush in this matter. The evil is a very great one, and involves a large premature mortality of young infants, as well as great injury to the mother. Even the children which survive must be greatly injured and impoverished by their mothers resuming work within two, three, or four weeks of their confinement. We submit that it is in accordance with the whole spirit and letter of Factory Labour legislation to stop this unnatural system, and that the present is a most favourable opportunity for doing so. We are glad to see that Mr. Mundella has promised cordially to support Dr. Lush's clause. The manufacturers approve of such a clause. To be effective, the punishment must fall upon the woman as well as upon the employer.

MUSIC FOR THE BLIND.

ON the 12th inst., one of the largest of the great suite of saloons in Grosvenor House was crowded to overflowing with a select audience gathered together, on the invitation of the Duke and Duchess of Westminster, to hear a musical performance by pupils of the Royal Normal College and Academy of Music for the Blind, of which institution the noble Duke is president.

The promoters of the College, having been led to the conclusion that training in trades or handicrafts seldom enabled the blind to earn their living without the permanent supplemental assistance of charitable institutions, whereas abroad (particularly in France and America) numbers of blind persons who had been trained in the musical art are able to fully maintain themselves as organists, pianists, music teachers, pianoforte tuners, &c., felt that there was a need in this country for an institution which would give the youthful blind of either sex, and of any rank, who possess the requisite talent, the means of acquiring musical knowledge and skill. To this end the Royal Normal College was founded, and since its opening in March, 1872, about fifty pupils have been under instruction, the results of which were most satisfactorily manifested at the Grosvenor House entertainment of last week.

The pupils, some of whom were very young, performed an orchestral selection which we regret not to have arrived in time to hear, a tiny little maiden executed with remarkable precision a pianoforte piece, while solos and part-songs brought out the individual and collective vocal capabilities of the performers in a way which elicited warm applause from the listeners. We do not mean to imply that to the cultivated ear much crudeness and lack of refinement were not perceptible, but, considering the short time the institution has been at work, the results achieved are surprisingly encouraging. Certainly they warrant the Committee in their endeavours to enlarge the College, and to establish it on a thoroughly national basis. We trust, then, that funds will not be wanting to develop so excellent an undertaking, and that the Committee will not have long to wait before they are in a position to open their doors to the numerous eligible candidates from all parts of the kingdom who are anxious for admission.

Deprivation of sight—that "total eclipse, without all hope of day,"—is so terrible an affliction, and the influence of "music's golden tongue" is so elevating and so soothing, that all whose sympathies are awakened by human misfortune must heartily wish success to the Royal Normal College and Academy of Music for the Blind.

INFECTION IN HOSPITAL WARDS.

THERE are at present six cases of typhus fever in King's College Hospital. All the cases were gathered from the same house, in a small court out of Drury-lane. It appears that three families have occupied this house, and that one or more members of each family have been smitten with typhus. Altogether, eight persons have been affected, and two patients who were not taken to King's College Hospital have, we believe, already died. The six cases in the hospital are distributed over four of the general wards, each case being placed at the end of the ward, so as to be as far as possible from the rest of the patients. In stating that so far there has been no evidence of the disease spread-

ing to the other patients, we may congratulate the authorities of King's College Hospital on their good luck rather than their good management. We most seriously and earnestly protest against this reckless practice of placing cases of typhus fever, scarlet fever, and other deadly contagious and infectious diseases in the general wards of the metropolitan hospitals. Of the infection and contagion of the diseases we have named there can be no doubt by any reasonable man. We have surely had demonstration enough to convince the most hard-headed. It is no justification to say that hitherto there has been no proof of these diseases spreading by contagion or infection; they undoubtedly may so spread, and then who shall be responsible for the crime of exposing, *quoad hoc*, healthy persons to the poisonous influences of these maladies?

ST. ANDREWS UNIVERSITY.

A MOVEMENT, as the readers of THE LANCET are aware, has for some time been on foot to establish at Dundee a university in association with that at St. Andrews. Convenient in many respects, such an institution would be but the first step towards transferring to Dundee the entire academic collegium which has for centuries been so honourably identified with the cathedral city. Resistance to the proposal has of course been made, particularly by the professors in the Faculty of Arts, some of whom object to travel between the two cities to deliver at great personal inconvenience the same course of lectures twice. Professor Swan, who holds the chair of Natural Philosophy, points out, in a temperate communication to the *Scotsman*, the peculiar hardship the dual arrangement would impose upon him. To prepare the apparatus for a single lecture sometimes takes three hours, and to go through the labour twice would of course be intolerable. The same argument would not apply to the other chairs in the Faculty of Arts. But if it is so easy to get from St. Andrews to Dundee, why is it so difficult to get from Dundee to St. Andrews? As a matter of fact, many students do perform the latter journey, and we have not heard of any great hardship from it. But if Dundee is to be the seat of an affiliated college at all, there is one faculty—that of medicine—which would vastly benefit by the arrangement. The one obstacle to St. Andrews being a medical school and a seat of medical education and graduation is her want of such a hospital as her immensely more populous neighbour Dundee can afford. Why not resuscitate her dormant medical faculty by the extension and affiliation of the Dundee Infirmary, where the student may supplement clinically the theoretical courses he might obtain from a fully appointed medical staff, located as of old in St. Andrews herself? Here is a matter on which the patriotic zeal of Scotch members might exercise itself. Had they but half the *bonne camaraderie* and pertinacity of their Irish neighbours, they might have made St. Andrews a first-rate medical school long ago.

HEALTH OF IRELAND.

THE deaths registered in Ireland during the first quarter of the present year amounted to 25,883, giving an annual ratio of 19·5 per 1000. The mortality from zymotic diseases showed considerable increase on that of the preceding quarter. There were registered 141 deaths from small-pox, and it is curious to notice that the source of infection could in nearly every case be traced to Scotland. The protective power of vaccination and revaccination was evidenced in a remarkable degree in many parts. Measles was the cause of 199 deaths, and scarlet fever of 760. The necessity of rigidly excluding from school, boys under suspicion of being tainted with the latter poison is shown in the return of the registrar for Tullamore, who states that scarlatina was brought to a public school in the town by a pupil recently recovered from it. Nine children were almost immediately infected, of whom five died. The disease afterwards prevailed in a malignant form in the town, but did not extend to the poorer classes. The deaths from whooping-cough numbered 581. Respecting the treatment of this disease there seems to be some discrepancy of opinion, one registrar saying that no medicine seems to have the least effect on it, and another implying that it is a disease eminently amenable to medical skill. The deaths from the various forms of fever amounted to 787, many of which occurred in filthy and badly-ventilated houses really unfit for human habitation. Grave complaints are made of the disgraceful condition in which the dwellings of the poor are permitted to remain. What wonder if small-pox and typhus declare themselves in a virulent form in cabins "where it is not at all an uncommon thing to see four or five human beings, two pigs, a goat, a cow, and a score of fowl, with, perhaps, a donkey, inhabiting in common one small room." Mr. Thoms would find some nuts to crack in the Irish returns. Thus, a woman of the reputed age of 108 died in the Ballymahon Union. In another district a man died at the age of 104; he was a life in a lease which was signed in 1771 for three lives. In Mallow, the demise of a woman aged 107 years was recorded, who up to three days before her death "was able to walk about and attend to the business of a farm-house." We see no reason to impeach the credibility of the registrars or doubt the age of these fossil personages.

FOREIGN BODIES IN THE DIGESTIVE ORGANS.

THE French medical papers have contained, since the slipping of a fork into a young man's stomach, examples of other foreign bodies swallowed and expelled in various ways. We will just quote those facts published by men deserving of confidence.

M. Closmadeuc, senior surgeon to the hospital of Vannes (department of Morbihan), says that a little girl six or seven years old, a patient of his, swallowed, for a wager, a bundle of thread with a needle stuck in it. A week afterwards the bundle was evacuated per anum, but without the needle. The accident was soon forgotten; but, after a period of six months, the needle was extracted from the middle and outer part of the thigh.

M. Fauconneau-Dufresne, an eminent physician of Paris, states that in 1816, when a student, he saw Antoine Dubois extract from the right groin of a juggler a sword, eleven inches long and three inches wide. The poor man was very thin and ill, and had allowed the weapon to slip down one year before. Two abscesses had formed in the groin. The man recovered in spite of the perforation of viscera which must have taken place. The same authority mentions a woman who used to pass gall-stones per urethram. One of these was so large that for its extraction the meatus had to be slit.

M. Foville, an eminent alienist of Paris, states that a patient both idiotic and epileptic was in the habit of carrying every article to his mouth. One day he was left a quarter of an hour alone in a room where dominoes were on a table. On the attendant's return the dominoes had disappeared. Of course no account could be obtained from the patient, nor was anything felt on exploring the abdomen. No peculiar symptom was noted for the next three days; on the fourth he was given a purgative, upon which the bowels were considerably moved, and twenty-five dominoes were evacuated along with some pebbles. The three remaining dominoes (as twenty-eight is the complete number) were passed the

next day. The same author mentions the case of a priest afflicted with insanity, who, in a moment of ecstacy, fervently kissed his rosary, put it into his mouth, and finally swallowed it along with the cross connected with it. The latter, from its shape, was some time arrested in the gullet, but finally glided down. No unpleasant symptoms whatever occurred, and the rosary was ejected a few days afterwards, upon the use of purgative medicine. The rosary was thirty inches long, and composed of beads of cocoa-nut about four lines in diameter. The cross was one inch and a half long and half an inch wide.

EXAMINATIONS AT THE COLLEGE OF SURGEONS.

THE present condition of the examination system at the College of Surgeons is becoming a matter for serious reflection. We briefly lay before our readers a few facts relating to the recent examinations for the first and second Fellowship. At the first Fellowship a gold medalist and a silver medalist in anatomy from one of the largest and best-appointed medical schools in London were rejected, and a medalist from another equally good school shared the same fate. Besides these, many other men who, according to the testimony of their respective teachers, were sound and certain, failed, while some of the doubtful and inferior students passed. At the second Fellowship nineteen candidates presented themselves, and of these thirteen, or 69·43 per cent., failed to satisfy the examiners. This is surely a question calling for investigation. The fault manifestly does not lie entirely with the students, who are for the most part gentlemen who voluntarily undertake to devote two extra years to the study of their profession in order to gain a qualification which is not essential to practice, but which merely serves as a special distinction. We shall at a future time speak more fully of some of the causes of this deplorable state of things. At present we shall merely state that the examinations, as now conducted at the College, are really little more than examinations on anatomical and surgical tips, crotchets, conundrums, absurdities, and riddles.

SANITARY AREAS.

WE have often had occasion to speak of the importance of a proper settlement being made of the extent to which the suburbs of London should be comprehended for the purposes of sanitary organisation within the metropolitan jurisdiction. The same question occasionally turns up with respect to others of our large centres of population, and until it is authoritatively settled we must expect to hear frequently of administrative difficulties as between town and suburb, resulting in much loss of power, sacrifice of efficiency, and waste of money. Manchester has recently furnished a case in point. The Chorlton Union is partly comprised within the municipal limits of Manchester, while other parts are under the sanitary jurisdiction of four distinct local boards, and the remainder constitutes the rural sanitary district of Chorlton. This rural part is made up of four townships (presumably having each separate rating powers), and the question of an efficient system of drainage for these four townships having become urgent, an appeal was made to the Local Government Board for advice whether one or more drainage systems should be adopted, and generally as to the desirability of uniting the four townships into one local board district. An inquiry, held by the inspector sent down from Whitehall, elicited the not uncommon revelation that there was great difference of opinion locally as to the best course to be pursued; some witnesses maintaining that there should be two boards, with two townships each; others that things should be left as they are; while others advocated a single board for the whole. Now, it is to be observed that these townships are within so near a proximity to Manchester that they actually receive their gas and water-supply from the Corporation authorities, just as though they were within the city limits. It is therefore not surprising that one gentleman expressed a wish to see the city boundaries extended, so as to include the townships in question, for that seems to be the natural solution of the difficulty. But then the inspector pointed out that such an incorporation could only be brought about by a special Act of Parliament, the initiative for which must be taken by the Corporation; and it may not happen to suit the Corporation to move in the matter, so the townships will probably be left to do the best they can for themselves, until one of these days—we hope not too remote—the Government, taking up this great subject of sanitary areas, and, regardless of narrow views, whether held by corporations or individuals, will once for all determine the limits within which a uniform organisation for all sanitary purposes shall be established.

HOBSON'S CHOICE.

A LUDICROUS discussion took place last week in the Town Council at Cambridge. The late Mayor had presented to the Guildhall a portrait of Hobson, the celebrated letter-carrier who arranged the posts between Cambridge and London during the latter part of the reign of Charles II. Old Hobson was an original character; in vain his customers endeavoured to make their own selection of beasts to carry them on their journey, the horse whose turn it was to go out was invariably harnessed; this horse or none the stout old postmaster offered, whence "Hobson's choice." Now Hobson was a sanitarian, and had a great idea of keeping the town sweet and clean. For this purpose he bequeathed certain moneys to provide for a flow of fresh water to run perpetually on both sides of the streets of Cambridge. Drains were not invented in those days, or doubtless he would have employed the water for adequately flushing them. The present Mayor has ordered the portrait of this worthy townsman to be removed from the Guildhall. Of course certain members of the Council are highly indignant, and attack the conduct of the Mayor. This gentleman defends himself on purely æsthetic grounds, and declares the picture as a work of art is not worthy the Guildhall. But we do not hold this to be the true motive for the removal. Has not the face of this ancient sanitarian of late assumed a stern, reproachful gaze, so that the Mayor does not care to have any more private interviews with it? If this be the case, Hobson's portrait will be stowed away in the lumber-room, without giving him a choice in the matter, till Cambridge is once more clean. Meantime the townspeople will be deprived of the likeness of their most famous citizen.

CREMATION IN GERMANY.

CREMATION makes progress in Germany. Eighty-two cities now possess cremation societies. The one at Berlin has received intelligence that the new furnace invented for the combustion of bodies by Professors Reclam and Siemens was tested on the 3rd inst., and completely satisfied its constructors. Two hundredweights of animal carcase were consumed in about an hour and a half—reduced to white ashes, at no more than three shillings' outlay. During the process no sound nor smell was appreciable. Solving as it does the question of cremation, Messrs. Reclam and Siemens' contrivance has just met with a rival in the device of Dr. Steinbeis, president of the Central Institute for Trade and Industry at Wurtemberg. He proposes that the corpse should be placed in a trough made of cement, and be filled

up with liquid cement, so as completely to cover the dead body. The cement soon hardens and absorbs all moisture from the body—converts it, in fact, into a preservable mummy at small expense and trouble. As soon as the cement hardens, the square coffins may be piled one upon the other like blocks of stone. The furnace, however, seems to possess the superior recommendation of reducing the body to much smaller bulk.

NATURE OF FLUID DISCHARGED IN CORYZA.

AT a recent meeting of the Société de Biologie, M. Ranvier stated that on examining with the microscope the fluid discharged from the nose at the commencement of coryza, he found that it contained a large quantity of cellular elements, some of cylindro-conical form with a flat surface crowned with cilia, others strongly granular and turgid, in which the flattened surface and cilia had disappeared. Rindfleisch was of opinion that these cells were white corpuscles covered with cilia. It was of great importance to determine if these were really leucocytes, or only deformed epithelial elements. On warming them, some of the cilia could be seen to recommence their movements, but no amœboid motions were observed. They are, therefore, not white corpuscles of the blood. M. Ranvier has been still more satisfied of this, after examining them in iodised serum. The use of the amniotic liquid of the sheep, highly iodised, enabled him to recognise the fact, in conformity with the statements of M. Bernard, that the white corpuscles of the blood, or the lymph corpuscles, contained considerable quantities of glycogen. In fact, when leucocytes are immersed in iodised serum, they may be seen to acquire a characteristic violet-brown colour. But the cells with vibratile cilia met with in the mucus of coryza, though assuming, indeed, a yellowish tint under the influence of iodised serum, do not give the peculiar reaction of glycogen. It would hence appear to be clearly made out that these are not young elements proceeding from the blood, but that they are the epithelial cells of the mucus.

FATAL OPERATION AT UNIVERSITY COLLEGE HOSPITAL.

LAST Wednesday afternoon an operation of considerable interest and rarity was performed by Mr. Berkeley Hill, at University College Hospital. Unfortunately, however, after the operation had been completed, and the parts adjusted, the patient became collapsed, and died. The patient was a boy, aged sixteen, who had been admitted a few days previously for a large naso-pharyngeal polypus, which had extendedoutwards through the pterygo-maxillary fissure, and then passed forwards under the cheek. The growth was removed by the temporary displacement of the upper jaw. The patient necessarily lost a considerable quantity of blood, but everything went on satisfactorily till he was about to be removed from the theatre, when threatening symptoms showed themselves. All attempts to revive the patient were unsuccessful, and he died on the table, whether from shock or loss of blood, or from chloroform, separately or combined, was not clear.

THE NORTH SURREY SCHOOLS.

ANXIOUS to ascertain the condition of the ophthalmic cases in these schools, we visited them a few days ago. We are happy to state that we were agreeably surprised to find the children generally, and the ophthalmic cases in particular, in a very much more satisfactory state than on the occasion of our visit in 1872. The general condition of the children was better, and the ophthalmic cases were altogether of a milder character than then. Sixty of the boys who had returned from Bow, and had been sent into the schools again, were, at random, called from their playground, and stood in line before us. Though some showed traces of bad old ophthalmia, and others slight degrees of it, they were practically in very good health, and free from the disease. Of the 160 cases in the infirmary, almost all ophthalmic, not one was at all severe or acute. It is only fair to state that a number, we believe about forty, of the very bad cases at Bow, thought to be intractable, if not incurable, have been sent to Margate, or boarded out elsewhere, so that they may not prove a hindrance to the attempt to clear the schools of this disease. Possibly part of the improvement we report is due to the treatment at Bow. But we suspect that most of it is due to the thorough pains which Dr. Duke is taking at Anerley to improve the general health of the scholars, by hygienic measures of every kind, better food, more fresh air, &c. &c. The guardians will do well to liberally support Dr. Duke in his present course, otherwise the improvement will not be permanent.

SANITARY CONDITION OF CARDIFF.

DR. PAINE, medical officer of health for Cardiff, in a recent report on the condition of the town, says there are few places in the kingdom which illustrate with greater force the value of adequate sanitary measures and provisions. Previous to 1849, Cardiff was practically without drainage, the few sewers which existed being for the purpose of carrying off surface-water and slops. The cesspools were sunk into a gravel subsoil, which from its porosity freely permitted the liquid contents to percolate and pollute adjacent wells. There was a very high rate of mortality, and the deaths greatly exceeded the births for many years. Effective drainage is now carried out, and a wholesome supply of pure water is obtainable, the result of which is that the death-rate is often below 18 per 1000. Small-pox prevailed in the town in 1873, necessitating a rigid supervision over the common lodging-houses. Throughout the whole period of the epidemic, the removal of patients to small-pox hospitals by means of a proper ambulance was insisted on when practicable. Of such cases, 81 were removed into the *Hamadryad* hospital-ship and 83 into the Union Workhouse. In one instance compulsory removal was effected by order of the magistrates. It should be known that such action can be taken under the twenty-sixth section of the Sanitary Act, 1866. We meet in the report with the now rare statement that the infantile mortality was very low. The port sanitary authority of Cardiff maintained during the year a strict surveillance on all vessels arriving from infected ports.

A JURY OF MATRONS.

ONE by one the institutions of the country go—let us hope to make room for better ones. Such, at any rate, was the case, in the House of Commons, when in the small hours of Tuesday morning, in a debate on the Juries Bill, when reporters had left, and most of us were asleep, a few good lawmenders changed the authority by which the pregnancy of a woman as a bar to execution is to be determined. In lieu of the jury of matrons, literally a few old women, Mr. Lopes proposed that one or more doctors should decide in such cases. Mr. Lopes's clause containing the old barbarism, "with child of a *quick* child," Dr. Lush objected with much force, that a woman might under this clause be hanged at any time before "quickening." But, though supported by Dr. Cameron and Mr. O'Leary, who were in their places, in the division Dr. Lush was in a minority, and the clause was carried as it stood. Dr. Lush will, doubtless, again try to amend it, by endeavouring to procure the omission of this

absurd expression, on the report. But we must all rejoice that henceforth the question of the pregnancy of a condemned woman will be in competent hands, and that the institution of a jury of matrons is likely to be abolished.

THE CAVENDISH LABORATORY AT CAMBRIDGE.

AT the Cambridge Commencement on Tuesday, the munificent gift of the Cavendish Laboratory to the University was acknowledged by the public orator (the Rev. R. C. Jebb) in Latinity worthy of the "man of Arpinum." After a tribute of praise to the noble duke, he passed to the great patrician who first showed the composition of water and anticipated the most recent analysis of air, whose name the laboratory appropriately bears. "Quem magis decebat novæ studiorum provinciæ tot telesque copias ministrare quam eum qui ab ejusdem disciplinæ campo tot tantasque victorias reportaverat? Unde vero convenientius poterat illis artibus succurri quam e tua domo quæ in ipsis iampridem inclaruerat? Notum est Henricum Cavendish quem secutus est Coulombius primum ita docuisse quæ sit vis electrica, ut eam numerorum modulis illustraret, adhibitis rationibus quas hodie veras esse constat." Sir James Paget and Dr. William Stokes, of Dublin, were afterwards recommended to the honorary degree in terms not less classically chaste—the one for his contributions to surgical pathology, the other for his services in the diagnosis and treatment of cardiac and febrile diseases.

HEALTH OF THE NAVY.

THE report of the health of the navy for the year 1872 has just been issued. We find that the sanitary condition of the service during the period compares favourably with that of preceding years. The mortality was exceptionally low, the death-rate from disease being only 5·6 per 1000. Compared with previous years, there was a decrease in the ratio of cases entered on the sick-list equal to 40 per 1000. There was, however, a slight increase in the invaliding rate. On the Home station the boys in training ships suffered more or less from eruptive disorders. The only disease, however, which prevailed severely amongst them was mumps, which was epidemic in many of the ships. On the North American and West Indian stations there was little or no yellow fever. "Dengue," which in the previous years had been imported from Aden to Zanzibar, appears to have spread over the whole East Indian station. The Chinese squadron, although it had a very low death-rate, suffered also from dengue, which, it is supposed, was conveyed by coolie emigrants from Singapore to Amoy. We shall next week return to the consideration of several interesting features in the Navy Report.

DEVELOPMENT OF UNFERTILISED OVA.

AT a recent meeting of the Société de Biologie, M. Balbiani exhibited eggs of the silkworm moth which had been deposited before fecundation could have been effected. A certain number of these eggs remained sterile, but others showed signs of development, though in no instance had the larva escaped from the egg. The number of these developing eggs varied extremely, according to the species of moth by which they were deposited. The largest number was met with in those which produce several generations per annum. Amongst 9000 eggs of a polyvoltine race, 513 came forth spontaneously, whilst amongst 50,000 ova of an annual race, 29 only were fertile. This enormous difference is probably due to the feeble vitality of the egg in the annual races. However this may be, M. Balbiani thinks it can only be explained by admitting the hermaphrodism of the egg.

THE LATE DR. LIVINGSTONE'S HUMERUS.

THROUGH the forethought and kindness of Sir William Fergusson, a carefully executed plaster cast of the fractured left humerus of the late Dr. Livingstone, by which the great traveller's body was identified, will be placed in each of the following museums:—The Royal College of Surgeons, England, the Royal College of Surgeons, Edinburgh, and King's College, London. The fracture, which our readers will remember was caused many years ago by the bite of a lion, was oblique, and situated at the point of insertion of the deltoid muscle. The upper and lower fragments have slid over each other, the upper portion being, as might be expected, drawn to the outer side. A false joint existed between the two portions of the humerus, and lying between the fragment, in front of the fracture, and enclosed in a false cyst, was a small detached portion of bone. The shaft of the humerus was remarkably attenuated, especially in the upper portion. The lower portion of the shaft is rotated slightly outwards. The extreme length of the bone is fourteen inches, or exactly one inch shorter than the right humerus.

HOW TO SPREAD TYPHOID FEVER.

WE understand that a severe outbreak of enteric fever occurred a few months ago in the parish of Killamarsh, in the Chesterfield district. Within an area of forty square yards no less than 24 cases took place, with 8 deaths. In one family of 8, 7 were attacked, and 5 died of the fever. The Chesterfield canal passes the village, and receives the sewage of the place, and three-fourths of the inhabitants drink the water from this source. It may be added that the village is almost drainless. After several vain attempts had been made by the medical officer of health to get this state of things effectually remedied, we are glad to learn that, owing to his energetic and praiseworthy efforts, there is at last the hope of some action being promptly taken in the matter. It is surely high time that a stop should be put to the pollution of the canal at Killamarsh and other places, to say nothing of Chesterfield, with sewage products that may at any moment lead to disastrous results from water-poisoning on a large scale.

THE CHOLERA CONFERENCE.

SHORTLY after our last issue appeared it was announced that the International Conference on Cholera at Vienna was postponed from the 15th inst. to the 1st of July. It is hardly probable that any practical results will be arrived at by the delegates, on which to found a definite plan of action that can be put into practice this autumn, if necessary; but it is very advisable, for many obvious reasons, that the meeting of the Conference should not be further delayed. Dr. Seaton, from the Medical Department of the Local Government Board, and Dr. Dickson, Physician to the British Embassy at Constantinople, will represent England at the Conference, and it is probable that a lay member of the Foreign Office will be associated with them.

SMALL-POX AT KILMARNOCK.

THE *Kilmarnock Standard* publishes instructive tables concerning the small-pox epidemic in that town in 1873–74, which it is to be hoped will be "memorable," as the *Standard* says it will be. Of 204 cases treated in the hospital, 169 were vaccinated and 35 unvaccinated. Of the former, 12 died, or 7·1 per cent., and of the latter 25 died, or 70 per cent.! The *Standard*, in a useful article, points the lesson of this terrible disease, and dwells especially on the wisdom of revaccination. It marks a progress in public intelligence on this

subject when lay journals, instead of arguing that because vaccinated people get the small-pox, people should not be vaccinated at all, argue rightly that people should be well vaccinated and vaccinated twice. According to a medical correspondent quoted by our contemporary, about 3000 people were revaccinated, and in none of these did small-pox occur where the revaccination was done early enough to take effect before the introduction of the small-pox poison. An epidemic with such clear lessons taught by clear teachers will not be without advantage in Kilmarnock.

THE LATE ASHANTEE CAMPAIGN.

THERE seems to be a good deal of discontent prevailing among those army medical officers who took part in the late war at the scant recognition which their services have obtained. Promotions and honours have no doubt been bestowed, almost lavishly, in some directions; but it is contended, and with much apparent justice, that several medical officers who rendered excellent service have been entirely overlooked and forgotten. In illustration, we may take the medical officers who accompanied their regiments in the march to Coomassie, and to whose lot there fell an unusual amount of hard work and responsibility. The services which these officers rendered surely entitle them to some reward; and we understand that neither Surgeon-Major Gore nor Surgeon Atkins has gained anything by the war, although both took a very active part in it. It is not too late for the authorities to remedy the discontent which undoubtedly exists, and we trust that the War and Colonial Offices will not fail to consider the case of those officers whose services have hitherto received no recognition at their hands.

PHARMACY IN IRELAND.

WE regret to see the apothecaries of Ireland resisting with all their might, but with an entire want of public spirit, the Bill of the College of Physicians of Ireland to amend the practice of pharmacy in Ireland. They have framed a series of objections to the Bill, and forwarded them to the College. But the objections are perfectly without force, and we trust that the Legislature will entirely disregard the Apothecaries' Hall in Ireland in regard to this matter. It is simply monstrous that Ireland should be without druggists to dispense prescriptions merely to maintain an absurd monopoly of the Irish Apothecaries' Hall.

THE CARE OF CHILDREN AT MARSEILLES.

THE Society for the Protection of Children at this ancient city is particularly active. Under its auspices medical inspectors have been appointed to watch over the children put out to nurse, and nurses are promised prizes for the attentive fulfilment of their duties. From December 15th, 1873, to February 10th, 1874, an exhibition took place, showing the most desirable mode of clothing infants, of feeding and amusing them, as also the kind of shelter best suited for these little creatures. These efforts are very praiseworthy, and such a society deserves not only the most liberal support, but also imitation in other parts.

HOSPITAL SUNDAY FUND.

THE gross amount of receipts from last Sunday's collections received up to the date of going to press is about £12,500. We are requested to state that a large number of donations and collections have yet to be acknowledged at the Mansion House.

The collections of the Roman Catholic chapels in aid of the fund will be held next Sunday, June 21st.

SANITARY EXHIBITION AT GLASGOW.

As at Leeds in 1871, and at Norwich last year, there will be held at Glasgow an exhibition of sanitary and educational appliances from September 30th to October 10th, in connexion with the Social Science Congress. To bring under the notice of the public generally and particularly those who are interested in social, sanitary, and educational questions in a collective form, the latest scientific appliances for improving the public health and promoting education—such is the special design of the Exhibition. The articles will be divided into the following classes:—1st, Warming, ventilation, and lighting; 2nd, domestic appliances and economic apparatus; 3rd, sanitary architecture and appliances; 4th, sanitary engineering and disinfectants; 5th, school furniture and educational apparatus. The last-named class is the one in which there is perhaps the most room for improvement.

AN interesting paper on "Native Practice in Rajpootana" was lately published in the *Indian Annals of Medical Science*, by Surgeon-Major W. J. Moore, which is now issued in the form of a pamphlet. Many European oculists would be surprised to learn that a method of extracting cataract is practised in the country, which, although extremely primitive and clumsy, yet is sometimes successful in restoring a fair amount of vision. A very blunt, broad-shouldered native lancet, guarded about a quarter of an inch above the point with a rag, is thrust through the sclerotic at the inferior margin of the pupil and behind the iris. A dangerous-looking needle is then introduced through the opening, and the cataract pushed or pulled down into the posterior chamber. As a rule the cataract is not taken away, but it sometimes escapes. Lithotomy is performed as follows:—The operator passes his finger into the rectum, hooks down the stone, and then cuts upon it through the perineum. Sometimes he is obliged to introduce a blunt hook into the bladder, with which he fishes for the stone, aided by superpubic pressure, until he finds it. Generally speaking, an agreement is made beforehand between patient and doctor of "no cure, no pay."

IT is singular to observe the unanimity with which medical officers of health, in their annual reports, deplore the excessive mortality prevailing among infants. It is almost impossible to take up a sanitary report without having our attention arrested by the subject of infantile fatality. Dr. Denton, health officer for Bridlington, in commenting on the evil, suggests the establishment of infant day nurseries, or "crèches," where children could be received during the hours the mothers are compelled to work in the mills and factories. In all places where such institutions have been established they work admirably. The rate of payment is so trifling that the privilege of depositing the young in safe custody is within the reach of everyone. We would direct the efforts of those ladies of restless energy who now besiege the portals of our profession, as well as of those suffering from *ennui*, to this promising sphere of usefulness.

SCARLATINA is very prevalent in Liverpool. Unfortunately there is considerable reluctance manifested by the general practitioners of the town to report the occurrence of cases to Dr. Trench, medical officer of health. Dr. Trench informed the Sanitary Authority at a recent meeting that the outbreak is far more serious than what is represented by the returns sent him. It is impossible to attain the full benefit of the measures for disinfection &c. at the disposal of the authorities without the ready co-operation of the profession and the general public.

THE seventy-first annual report of the Society for the Suppression of Vice is published this week. Great good was effected last year, and many of the foul and loathsome dens from which impure literature was disseminated were closed. Notably "Kahn's Museum" has been broken up. The committee regret that, although earnest appeals are made from all parts for the interference of the society against the sellers of obscene pamphlets, &c., the complainants shrink from offering themselves as witnesses in a prosecution. This is not to be greatly wondered at, considering the surroundings of the subject. We are sorry to learn that the financial position of the society is not so satisfactory as it should be. It continues by its operations to do incalculable good, and is deserving of far more support than the public now accords it.

DR. HILL, the medical officer of health for Birmingham, reports that during last year 794 cases of variola occurred in the borough, of which 713, or 89·8 per cent., were stated to be vaccinated, while 78, or 9·82 per cent., were stated to be unvaccinated, and 3 doubtful. Of the 794 cases, 122 died. The proportion of deaths in the vaccinated was only 11 per cent., while in the unvaccinated it was 51 per cent.—that is, the disease was 4½ times more fatal in the unprotected than it was in the protected cases. Without going to other sources for statistics, the value of efficient vaccination is proved by this statement of the health officer of Birmingham, and the lesson taught by the present epidemic ought never to be forgotten by the sanitary authorities of the borough or by the public themselves.

IN the House of Lords on Tuesday night Earl Delawarr put a question relative to the excessive infantile mortality which has of late prevailed in the St. Pancras Workhouse—a subject on which we have commented on more than once within the last few weeks. Lord Walsingham, in reply, said that the Local Government Board had received no formal report of the matter, but it was referred to in informal minutes by the inspector (Dr. Bridges). A letter was addressed to the guardians calling their attention to the increased death-rate of the children, upon which the visiting committee prepared a communication in defence, the particulars of which we have already given.

THE mortality in London last week was at the annual rate of 18 per 1000. The deaths—1204 in number—included 3 from small-pox, 3 from diphtheria, 31 from whooping-cough, 33 from different forms of fever, and 39 from diarrhœa. The deaths referred to diseases of the respiratory organs further declined to 327. Of European cities Munich had the highest death-rate, amounting to 38 per 1000. Berlin comes next with 37 per 1000.

A SCHEME has been set on foot for subordinating the public analysts to the Excise. We trust that this will not find favour with the committee which is now sitting on the Adulteration Act. Questions arising between public analysts and tradesmen or between public analyst and public analyst should not be referred to an unknown and irresponsible tribunal at Somerset House.

THE QUEEN has been graciously pleased to signify her intention of granting a medal to all the forces employed on the Gold Coast during the operations against the King of Ashantee, with a clasp in the case of those present in actions.

THE boarding-out system of bringing up children, according to the colonial papers, is very successful in Australia.

DR. LANKESTER has again urged on the vestry of St. James's, Westminster, the necessity of erecting a mortuary for the parish. He has also made the sensible suggestion that printed instructions regarding the treatment of dead bodies should be distributed amongst the inhabitants of the courts and alleys of the district.

A REUTER'S telegram, dated Melbourne, June 17th, says the steamship *Atrato* had reached New Zealand, after a voyage of fifty-nine days. On arrival she was placed in quarantine, on account of an outbreak of measles on board, which had caused thirty-two deaths.

IT is rumoured that Surgeon-General Dr. Currie, C.B., at present the principal medical officer of the Madras Presidency, will be the probable successor of the late Surgeon-General Dr. Beatson, as medical chief of the British forces in India.

THE degree of D.C.L. of Oxford was this week conferred on Professor Carus, of Leipsic.

PROFESSIONAL SKETCHES.

THE SHIP-DOCTOR.

IN glancing down the advertising columns of *The Times* any morning these twenty years past, it has been eminently refreshing to find how many "experienced" surgeons exist who make it their business, and as we hope at the same time their pleasure, to go down to the sea in ships, and practise their profession on the great waters. Indeed, we have sometimes feared that all the "experience" of our cloth was at sea, so largely is it required by, and we trust supplied to, the ships of our mercantile marine. Some fifteen years ago one of the Bombay daily journals was good enough to inform homeward-bound Anglo-Indians by advertisement that a certain passenger ship, among sundry other recommendations, was certified to carry an "experienced" cow, and a surgeon. We are not in a position to explain the positive or comparative merits of the quadruped or the biped. It is probable that the services of the former were more in requisition than those of the latter, and in any case we doubt not that both worked well together.

The natural history and general proclivities of the genuine ship-doctor are but little known, except to those who have had the good or ill fortune to spend a considerable portion of a year in a passage round the Cape to Australia or the East Indies. Time was, and not so long ago, when one of those comfortable, square-built, square-rigged ships started, "well found," from Blackwall and Gravesend, got down Channel, and perhaps sighted Madeira and Rio, and her inmates saw no more land until the Sandheads at Calcutta were sighted, or the harbour of Bombay was reached after a passage of something over a hundred days. But we are anticipating. Ship-doctors may and must be classified. There are P. and O. and West India Mail, "Cunarder" and White Star, Inman and Allan, National and Guion, sea surgeons, all of whom class A 1, as do the ships on which they serve. There are also ship-doctors in charge of emigrant, coolie, whaling, and telegraph ships, and a larger number than any of the special classes above quoted are engaged in various steam and sailing vessels that carry large crews and a small number of passengers on long voyages. The Peninsular and Oriental Company employ 46, the West India Mail Company 20, the Cape Mail Companies 19, and the Liverpool Mail, and other steam-ships to America more than 100, so that, inclusive of these, we have roughly calculated that there are at the present time not

less than from five to six hundred medical men on duty afloat in the British mercantile marine. When "long voyage" ships were far more common than at present—when there was no Canal route to the East, and steam was the exception and not the rule, the ship-doctor was an important personage on board. His diploma (if he possessed such an article) was usually of recent date; he was either intensely juvenile or decidedly middle-aged, and, in spite of the advertisement, we should incline to the belief that his stock of experience was equal to his supply of instruments, the latter usually consisting of a pair of midwifery forceps, a perforator, a tooth-key, and some "minor requisites" in by no means a high state of preservation. As the stipend of this officer was only equal to that of the second mate (with whom he was berthed), and as his knowledge of the sea and of "foreign parts" was limited, the doctor not unnaturally considered it a good opportunity to wear out his old clothes, and accordingly came on board with a bountiful supply of napless apparel. As the ship made her way down channel, the doctor was in constant requisition, and went about with his stock remedy for sea-sickness (whatever it may have been) with the usual results. But when this was over, and it did not last long, the doctor was installed as a "general utility man," and hardly looked at the inside of his medicine chest once a week, except for amusement. He was called continually into the cabin of Mrs. Major Chutnee at or about 8 o'clock A.M., and persuaded into certifying to the illness of that lady, who was too lazy to get up to breakfast. He was expected to carve at all times and all seasons, spite of squalls and gravy, to play at draughts with the young and at whist with the old people, to sing to and dance with the school girls fresh from Cheltenham and Brighton, to fish up sharks, Cape pigeons, &c., for their delectation in fine weather, and to raise their spirits and "pooh-pooh" their fears when the dead lights were down, and the ship was flying before a north-west gale, or battling with wind, under a close-reefed maintopsail, off the Cape. It was also a part of his duty to suborn the chief steward by promises and threats, and so to obtain a small supply of liquor after "grog time" at night, which was usually introduced into a soda-water bottle, and consumed in instalments during the latter part of the first watch by the male section of the cabin passengers as they smoked on the poop. The doctor took several standard medical and surgical works out with him, fully intending to "read up" for the Hall or the College, or, if these trials were both over, for his M.D. But the books, in nine cases out of ten, were more salted than thumbed. As the promised land (whatever it might be) drew near, theatrical performances commonly occurred, and the doctor, whether *au fait* or not at comedy, tragedy, or farce, was enlisted in the service, if only to preserve order and prevent inconvenient rivalry. And, when the vessel got to moorings in port, the ship-doctor must have played his professional and other cards badly if, arrayed, by the aid of the dhobie, in clean, if not in fine linen, he did not spend several nights a week, during his stay in the country, at the house or club of some sea-begotten friend, and did not receive, too, some more substantial mark of his regard. As in those days the Suez Canal and the Anglo-Indian troop-ships were not in existence, the medical charge of from 50 to 500 soldiers not uncommonly fell into his hands during the return passage, with, of course, a corresponding (and usually liberal) scale of remuneration. He perhaps took two or three voyages of this sort (sometimes, but very seldom, stuck to the service), which afforded food for small talk during many years to come, in the intervals of town or country practice.

But we have changed all that. The old Blackwall ships are nearly extinct, Anglo-Indians and colonists now go out *viâ* the Mediterranean and the Red Sea, emigration has lately assumed vast proportions, and so the ship-doctor, moving with the times, has changed his manners and customs, in some respects for the better. Your P. and O., or West Indian Mail surgeon is altogether of a different sort, has all the outward and visible signs of intimate connexion with the ship in which he serves, and, like his comrades, wears a uniform. He is amply supplied with medical and surgical appliances, and having to prescribe for the real or fictitious ailments of people going out for the first, and of bilious majors coming home for the last time, is or can be furnished with all the newest *soupçons* in therapeutics. But, speaking generally, no great amount of intimacy occurs between the surgeon and the passengers on these voyages—at all events between Southampton or Brindisi and Alexandria. Sea-sickness and other worries kill time to a certain extent, so that by the time an average traveller is in a companionable condition, the end of the journey is reached. Hence the doctor often elects to dine at the officers' mess, and, beyond a stray rubber, mixes but little with the passengers. Before the Canal was opened, the home side of the overland route was preferred by and given to the senior surgeons of the service, but no advantage can now be gained by a change, as nearly all the ships perform the entire voyage from England to India, China, or Australia, or, at all events, trans-ship at Bombay and Galle. The busiest and most healthy aspect of the ship-doctor afloat is at the present time to be found at Liverpool, and an idea may be formed of his future ten days' work by anyone who chooses to board one of those magnificent steamships that now leave the Mersey for New York, Boston, Quebec, or the Pacific ports every working day. If the surgeon of a vessel carrying from 500 to 1000 emigrants of six or eight nationalities across the Atlantic is conscious of responsibility, and knows how to exercise power properly, he will find on board these ships a very fair amount of work to do, not so much of a prescribing as of a preventive kind. The emigrants, and the physic with which he is to dose them, are delivered over to him, all presumably in good condition; for have they not been minutely inspected by the officers, lay and medical, of the Board of Trade? He is introduced to the captain, but in all probability sees little of him during the voyage, and will, if wise, concentrate his companionable energies on the purser, as this latter officer is supposed to be, and, indeed, usually is, a peripatetic encyclopædia of the living freight. When the ship has left Queenstown, or even before, if things are "ship-shape," it is the duty of the doctor to go below, and with the help of one of the officers (the purser or second mate) to find out all the aids to ventilation that exist about the 'tween decks, to see that inlets and outlets are not wilfully or accidentally obstructed, that all "upcast" cowls are turned stern, and "downcast" cowls head, to wind, and that the women do not festoon the deck with miscellaneous skirts and draperies. When the watches are regularly set, and sea work has commenced, the emigrant doctor goes, or should go, an early morning round just before or during breakfast, prescribe and dispense for his patients after breakfast, and take what may be called an official round with the chief officer or purser at about 10 A.M., to see that the emigrant decks are properly swept, and emptied, as far as possible, of their inhabitants. He should parade the same decks at the dinner hour, listen to complaints on the quality of food, and adjudicate on the same, any difficulty on this score being removed, as we believe, invariably, by the liberality of the purser and the company that he represents, for the food on all the Liverpool lines is excellent, and given without stint. Shortly after eight bells in the evening another round should be made, and the ventilators again in-

spected. And the day's work is properly concluded about midnight by a last round with one of the officers, and pleasantly by a final pipe in the purser's cabin. As ship ventilation is as yet in its infancy, and is practised in a very fragmentary way, the doctor can employ his spare time most usefully in recording the temperature of various parts of the 'tween decks, and so gaining an actual record of facts that may be usefully referred to in improving arrangements, in, at all events, his own particular ship. Having regard to the interests involved, we are sure that the surgeon who adheres to the routine duty above indicated, between Liverpool and New York, will not find the ten or twelve days' passage tedious; and when his charges are fairly landed at Castle Garden, a saunter down the Fifth Avenue, and excursions on Hudson River and to Niagara, will, if he can compass them, be doubly enjoyable.

We have lately advocated some reforms in the conduct of the medical emigration service, and believe that the changes indicated will improve the status of those charged with responsibilities afloat. These responsibilities are of course greater on long voyages, and the surgeon-superintendent on a New Zealand or Queensland vessel has often to contend with an insubordinate lot of emigrants, a parsimonious master, and an unruly crew. And the same may be said of coolie surgeons, whose immediate surroundings at sea are by no means of a refined or elevating character. A voyage from Calcutta or China to the West Indies, with five hundred Asiatics on board, usually occupies from fifty to eighty days, and however good the medical or surgical practice may be, or however fine the weather, it cannot be called work of a superlatively enjoyable kind, although it is more than fairly remunerative. Perhaps the most pleasant sort of medical work afloat at the present time is to be found on telegraph ships, six or eight at least of which are now always on active service in some part of the world, the *Great Eastern* being included in the list of those owned by the Telegraph Construction and Maintenance Company. The voyages of these ships are not usually long; a great variety of scene and climate may be experienced, and the mixed society of sailors, engineers, electricians, and other scientific men, with the work of "paying out," kills time pretty completely.

It is probable that any medical man wanting monotony will compass it best by taking service in a whaler. These vessels often remain out, voluntarily or involuntarily, more than two years, and, beyond the pursuit of prey, the intense dreariness of the voyage is broken only by the presence of icebergs, or, in the Southern Seas, by a visit now and then to the distant islands of the South Pacific Ocean. Very few duly qualified practitioners choose this sort of trip; for, by statistics recently compiled, it is found that the majority of doctors in whaling ships are under twenty-one years of age.

It will be seen, and indeed can readily be conceived, that the "quality" and position of the ship-doctor afloat has during the last ten years improved; and that hence, if less of the "jolly dog" aspect appears about him than formerly, there is likely to be a wholesome, and, to his clients, a decidedly advantageous, equivalent. Surgeons afloat are not even now, as a rule, at all well paid, and a man must not expect to do more than clear his expenses, except in large coolie and New Zealand emigrant ships. We believe that the class of medical officers who now stick to the sea is very small in number, and that the ranks are usually recruited from those who (as was indicated in a letter published last week) go one, two, or three voyages for variety, or on the score of health. As the sort of duty to be performed on board emigrant ships is in some respects special, and, as we take it, very responsible, the wisdom of officering large steamships with medical men fresh from the schools may fairly be questioned, because these men are, actually and practically, for the time being, beyond the reach of any extraneous professional aid. We believe that the subject of the qualifications of surgeons sent out in these vessels is engaging the attention of the Board of Trade, who have now charge of the Emigration Office. But meanwhile it may be recorded, for the time being, beyond the reach of any extraneous professional aid. We believe that the subject of the qualifications of surgeons sent out in these vessels is engaging the attention of the Board of Trade, who have now charge of the Emigration Office. But meanwhile it may be recorded, for the benefit of those of our readers who care to wander far afield, that there are in these days many excursions less pleasant than a voyage to New York, Alexandria, Hongkong, or even Otago, in a well-found ship, with fairly companionable people; although, under ordinary circumstances, we cannot declare that it results in much increase of purely professional knowledge or experience.

Correspondence.

"Audi alteram partem."

ERYSIPELAS IN HOSPITAL AND IN GENERAL PRACTICE.

To the Editor of THE LANCET.

SIR,—I was much struck with Mr. Tibbits' cases and remarks on Erysipelas in Hospital and General Practice, published in THE LANCET of last week; and for this reason, that we had similar results here in the months of January, February, and March last.

Now this is a new infirmary, built with all the modern improvements, and opened for the reception of patients in March, 1873. The situation of the infirmary is good, and is outside the town, standing in large grounds. The wards are excellent, and the ventilation thorough. The ward walls are of Parian cement, the ceilings of slate, and there is a complete through-current of air from windows on each side. The male and female wards are separated by long, wide, and well-ventilated corridors. We had no overcrowding—in fact, but few cases altogether; perfect cleanliness was enforced, and every precaution taken, and yet we had cases of erysipelas occurring from time to time during nearly three months in both sides of the infirmary.

The following cases were attacked from January to April, and since then we have been free with the exception of one slight case of erythema:—

1. Female. Excision of half inferior maxillary bone for tumour.
2. Male. Excision of knee-joint. This patient died.
3. Male. Traumatic ulcer of leg.
4. Male. Fistula in ano, after operation.
5. Male. Necrosis of tibia.
6. Male. A moxa was applied to back, and erysipelas supervened.
7. Female. Dog-bite of arm.
8. Female. Varicose ulcer of leg.
9. Female. Suppurating goitre.

Most of these cases went on to suppuration, with great constitutional disturbance.

At the same time that we had erysipelas in our wards, there were several cases amongst the out-patients. There were several also amongst the home-patients connected with the dispensary department, and these latter could have no connexion with those in the infirmary, as they were attended at their own homes by a separate medical man, who lives away from the institution. I believe there were also several cases in the practice of the medical men in the town at the same time.

After reading Mr. Tibbits' paper (and in looking at the above facts in conjunction with his) I agree with him in thinking that some other influence besides "hospitalism" must have been at work to produce such results.

I am, Sir, your obedient servant,

CHARLES EDWARD HARDYMAN,
Resident Medical Officer, Macclesfield General Infirmary.

June 15th, 1874.

THE COMING (FOURTH) REORGANISATION OF THE ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—The failure of three previous attempts to harmonise the interests of our department with those of the public service, so as to produce contentment among our members, renders the success of whatever measures are now under consideration a matter of great importance, not only to the medical officers of the army but to the nation, which is at length beginning to recognise the value of a scientific corps, heretofore contemptuously neglected and ill-treated under the influence of those prejudices of caste and class which exist here as well as in India. I trust, therefore, that you will not decline to allow the various views entertained of what ought to be done to place the department on a permanently satisfactory footing, to be discussed in the columns of what is really, to the public, the representative journal of the profession.

The complaints of the officers are, I think, pretty much as follows:—Slowness and *uncertainty* of promotion. Promotion given to officers distinguished on service, only by robbing others of their just due. (Military officers in like case are rewarded by advancement in army rank, never by bestowing on them the regimental vacancies justly allotted to the seniors of the next grade as the reward of their faithful service.) Exclusion of the great bulk of officers from any chance of realising a small competence by confining the administrative appointments, which alone afford any margin for saving, to a body of seniors who may, if they please, hold them till they reach the scriptural limit of life. Still further punishing the unfortunates who arrive at fifty-five years of age before gaining an administrative commission, by consigning them to the obscure poverty of a scanty half-pay, on the plea of their being too old for the sedentary duties of a hospital, while general officers seventy years of age are allowed to enjoy commands to do the duty of which requires much bodily and mental activity. The absence of all reward for, or recognition of, superior professional skill and talent, to which it is in great measure due that a body of close on one thousand specially trained and educated medical officers make no mark in the records of the profession, exercise no influence on its progress, and are, both individually and collectively, but slightly esteemed as "mere army doctors." Otherwise handled the medical staff corps would be as distinguished a body in their line as are the Royal Engineers in their peculiar department. If the Government wishes to know how to treat our department, they have not far to seek for guidance. Treat it as the Royal Engineers are treated. Both are scientific corps; why, then, deal so differently with them? Let Government select their sanitary and Poor-law inspectors and all suchlike officials from their corps of trained doctors, let them second these officers for ten years, as they do Royal Engineers, in railway and other scientific posts, and see whether the needful talent and skill will not be abundantly forthcoming, and the whole department roused to exertion by that needful stimulus of consequent reward which procures us our body of eminent consulting surgeons and physicians. Pay, half-pay, and periods of retirement are matters of comparatively easy arrangement, and Government has not of late years acted illiberally as regards them. The sore point in such matters is the distinctions made, in an unfavourable sense, between military and medical officers of nominally equivalent rank. The same in other matters—as, for instance, good-service pensions. Eight of these are allotted to the Royal Marines, numbering 350 officers, while only eight are allowed to the medical staff of 950 officers. The Marines are notoriously not the pets of the service, but even on their scale the doctors should have twenty instead of eight pensions for their corps.

But undoubtedly the faulty organisation of the department is at the bottom of its unsatisfactory condition, and until that is remedied, by reforming it on military principles, no ventilation upwards, no opening for ability, can be established and maintained, and without that, contentment and hope will never be dwellers in its ranks. The staff of the corps, instead of being, as in the army proper, a body of officers selected from the ranks and temporarily appointed, consists of two superior grades, with permanent substantive rank—a state of things the effect of which will be best understood by supposing that the only mode of advancement open to regimental lieutenant-colonels was by getting appointed deputy adjutant-generals, and that, failing to do so by the time they became fifty-five years old, they were compulsorily shelved on half-pay, while the deputy adjutant-generals were at liberty to retain their staff position to an advanced age. This view of the departmental ailments will, I dare say, shock officials never accustomed to let their thoughts stray from the regular office traditionary grooves; but if prejudice is put aside, and calm consideration given to facts, I think it will, on reflection, be deemed well founded.

Should you deem these remarks of sufficient interest to merit insertion, I should be happy to submit for discussion the measures which seem to me best calculated to meet the grievances complained of by the department.

I am, Sir, your obedient servant,

June 16th, 1874. QUADRAGINTA.

THE NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—To illustrate a service which the *Army and Navy Gazette* was facetiously pleased a few weeks ago to describe as "popular," I may mention that the staff surgeon of the *Monarch* has been very lately appointed. This officer is of high reputation, and has served Her Majesty twenty-four years. He has been placed in a cabin on the lower deck of that ship, where he may, during the next three years, attempt to study medicine, and write the innumerable service returns now required in the Navy, with the aid of some form of artificial light.

I may mention that the *Monarch* is one of the finest vessels in the navy, and you may remember that on this account this ship was especially selected to convey the remains of Mr. Peabody to America. If room for a cabin for one medical officer cannot be found on her main deck, where is the ship in which it can be found? The staff-commander, the paymaster, and the chaplain (who has been about seven years in the service) all occupy cabins on the main deck, where your non-nautical readers may be informed they enjoy the seafaring luxuries of fresh air and of daylight, while the staff-surgeon has as much of the former as may obviate asphyxia, and barely enough of the latter to "make darkness visible."

Can you wonder that young men who observe such a position offered as a reward for sea service, providentially prolonged for nearly a quarter of a century, either decline entering the navy, or (having entered it) try so frequently and effectually to escape? No class would more readily support any hardships if really necessary.

Medical men object to a service which combines the future chance of getting drowned with the present certainty of being ill-used.

I remain, Sir, your obedient servant,

Portsmouth, June 16th, 1874. ANOTHER STAFF SURGEON.

THE COLLEGE ELECTION.

To the Editor of THE LANCET.

SIR,—As a provincial Fellow I have signed the requisition to Mr. Alfred Baker, of Birmingham, to become a candidate at the coming election of members of Council. The statement has been made that Mr. Baker is coming forward as the nominee of the British Medical Association, as Mr. Southam did last year, and as yet he has given no declaration of his views in College politics which can be put forward as a contradiction. If he does not give a distinct utterance on some of the questions which the party of progress have an interest in, I hope he will find himself in a minority, and he certainly will not have my vote.

I am, Sir, your obedient servant,

June 16th, 1874. F.R.C.S.

MANCHESTER.

(From an occasional Correspondent.)

SINCE my last letter the profession here have been thrown into a state of excitement by a small revolution, the *raison d'être* of which is as unsatisfactory as that of many amongst our continental neighbours. It appears that the Manchester Royal School of Medicine, which has now been under the control of the Owens College authorities for nearly a year, will be conducted next session at the New Medical School building adjoining the College, and the Senate wisely determined to commence work with a completely organised staff and liberal curriculum. The creation of an endowed chair of Anatomy of necessity required the surrender of the present anatomical lecturer's and demonstrator's posts, in order to leave the authorities unfettered in their future arrangements. One or two members of the junior surgical staff of the Royal Infirmary have taken umbrage at these steps, and resolved to establish a rival school to the Owens College School of Medicine. The experiment of two institutions for medical training has been tried in Manchester, Birmingham, and other provincial towns without success, and though the required lectureships, &c., are already nearly filled up, the scheme is hardly likely to meet with success, and it is sincerely to be hoped that the parties feeling aggrieved will not further injure themselves by refusing to regard the conduct of the College authorities in the proper light.

The new Owens College Medical School will be opened about the 3rd of October with an introductory address by Professor Huxley, one of the governors. This fine building contains a dissecting-room 75 ft. long by 25 ft. wide, well lighted by side windows and skylights, and ventilated by a central shaft in the ceiling. Beneath the dissecting-room are two theatres to hold 130 and 200 students respectively. There is an admirably arranged physiological laboratory; a large museum, with two galleries after the style of the Hunterian Museum at the College of Surgeons, and a number of suitable rooms for preparing subjects and various other purposes. Already students from Germany, Ireland, and elsewhere have made applications for admission during next session. The Infirmary Board are making arrangements to enable the students to finish work at the hospital, and depart for the school by an early hour in the morning, thus obviating the loss of time otherwise threatened by the distance of the two institutions from each other.

The first course of lectures on Hygiene are now being delivered at the College by Dr. A. Ransome.

A prize of 500 guineas has been offered to the medical profession by Mr. Reilly, the energetic proprietor of some public gardens in Manchester, for the "Treatment and Cure of Hydrophobia," but upon what conditions the advertisement sayeth not. No doubt Mr. Reilly will reply to written inquiries on the subject.

The Provident Dispensary scheme has not yet matured into active existence owing to considerable diversity of opinion about the actual working details, and which threatens to asphyxiate the new-born project *ad limine*.

Manchester, June 15th, 1874.

PARIS.

(From our own Correspondent.)

THE following figures, on the distribution of medical men over the country lately published, are of interest:—In 1866, in four departments (of France) there existed 1 doctor to about 2,000 inhabitants; in 21 departments, 1 to 2000 or 3000; in 34 departments, 1 to 3000 or 4000; in 16 departments, 1 to 4000 or 5000; in 2 departments, 1 to 5000 or 6000; in 6 departments, 1 to 7000 or 9000; and in one department, 1 to 10,576. As the mean average of population put down by the reporter as being necessary to secure the livelihood of a medical man is 3000 inhabitants, it follows that there are 63 departments of France where this average is not attained. The total number of medical men appears to be stationary. In 1847 there were 10,643 doctors of medicine, making 1 to 3244 inhabitants; in 1866 the number was 11,525; and in 1872 (making allowance for the loss of Alsace-Lorraine) the number was only 10 766, being 1 to 3353 inhabitants. So that, as the number of *officiers de santé* has notably diminished, and as that of doctors of medicine has not increased, it follows that the total number of medical practitioners in France is greatly on the decrease. Thus, in 1847, according to the report, the total number was 18,099, being 1 practitioner to 1895 inhabitants; in 1866, 17,192, or 1 to 2232 inhabitants; and in 1872 only 15,419, or 1 to 2341 inhabitants.

At the last sitting of the Société de Biologie Dr. Bourneville made a most interesting communication on the physiological action of the bromide of camphor ($C_{10}H_{16}OBr$). From his various experiments, conducted on guinea-pigs and on cats by the hypodermic method, he draws the following conclusions:—1. Diminution in the number of cardiac pulsations. 2. Diminution in the number of inspirations. 3. Fall of temperature (in a cat of three months which had received ten grains of the bromide, the temperature fell from 38° C. to 21° in seventy-one hours). The sedative properties of bromide of camphor are also shown by other phenomena. The animals to which such small doses as two or four grains of the substance were administered, fell into a state of marked torpor, which, under the influence of stronger doses, became so profound as to lead the experimenter to think that the animals were dead. When taken up in the hands they were motionless and flabby. A violent pinch would wake them, showing that sensibility was not abolished. In both kinds of animals, during the whole duration of fall of temperature and torpidity, only slight tremulation was observed; but when the temperature rose and the animals awoke, convulsions supervened, but only in the cats. According to Dr. Bourneville the animals did not soon get accustomed to the drug. Another interesting fact which he mentioned was the speedy loss of flesh under the influence of the drug. Dr. Bourneville wound up by asserting that bromide of camphor was a most powerful sedative.

In a recent letter I mentioned the condemnation of a retired naval officer for illegal practice of medicine. The facts were curious enough; but the following ones, which have just occurred, are perhaps still more so. In the western departments of France there existed a regular band of swindlers, who would now and again methodically make a descent from the mountainous district where they had established their stronghold, and prey upon the stupid villagers for leagues around. They travelled with little boxes containing phials full of dirty water, a pair of scales, a funnel, and a miraculous stone, or "fiery pebble," which was nothing else than a bit of camphor. The phials they managed to sell to their dupes; as to the precious stone, which for 400 years had been in their family, it served to rub painful parts with. They made such a good business out of it that, in a comparatively short time, two of the rogues managed to accumulate each 10,000 francs (£400). The judges at Chateaudun, after a protracted inquiry and trial, have condemned three of the band for swindling—one to three years', and two to two years' imprisonment, with payment of a fine. Amongst the victims of these people was a deputy-mayor, who had bought one of the little phials for twelve francs on the promise that it would give speech to his son who was born deaf and dumb.

The *concours*, or examination by public competition for three vacant posts of physician to the Paris hospitals, is near its conclusion. After a hard contest, in which great abilities were exhibited by the various candidates, the three gentlemen who at present stand the greatest chance of success, are MM. Dieulafoy, the inventor of the aspirating system, Dr. Heilly, and M. Gérin-Roze.

Twenty posts of vice-professor are officially declared to be vacant at the three medical schools of France, and the examinations, by public competition, for the nomination to the vacant seats will begin in November and December.

The numerous proprietors of *specialités* medicines are threatened with an impost, which several members of the National Assembly are endeavouring to get voted. The plan would be that each phial (of a certain quantity) should bear a Government stamp worth one penny. Each box (weighing one ounce) would be subjected to the same duty. It is calculated that a large revenue may be got for the Budget out of this source.

Paris, 16th June, 1874.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — At the last meeting of the Council the under-mentioned gentleman was elected a Fellow of the College:—

Haydon, Nathaniel John, Bovey Tracey; diplom. Memb. April 4, 1837.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on June 11th:—

Hope, James William, Hay, Breconshire.
Plant, Henry Walter, Bunhill-row.
Pocock, Walter, Brixton-road.
Solly, Samuel Edwin, the Priory, Roehampton.

The following gentlemen passed their Primary Professional Examination on the same day:—

Lewis, Joseph, Guy's Hospital.
Thompson, Alfred, London Hospital.

COLLEGE OF PHYSICIANS, IRELAND.—At examinations held on June 9th and 10th the following gentlemen obtained the licences in Medicine and Midwifery:—

MEDICINE. — William Chartres, Rowing William Fendick, Marcus Given, Matthew Corri Stephen Halton, Samuel Thomas Lewis, Wm. Martland, John Molony, Henry Mark Scott, Joseph Henry Wybrants.
MIDWIFERY. — Marcus Given, Matthew Corri Stephen Halton, Samuel Thomas Lewis.

UNIVERSITY OF DUBLIN. — At the recent examinations the following gentlemen obtained the degree of Bachelor of Medicine:—

— Boyce, W. Catterton, W. Chester, John C. Dorman, J. W. Eakin, J. B. Eaton, W. Enright, — Fausset, G. C. Forsythe, J. Griffith, W. Hunter, — James, — Johnston, T. Leahy, J. Leonard, Alexander M'Laughlin, J. Murphy, G. W. Murphy, — Owen, H. Pollen, — Spear, F. Tuthill, J. B. Tuthill, W. Walter, Charles Young.

The Medical Scholarships were obtained by John C. Dorman, Alexander M'Laughlin, and Charles Young.

HELP TO SCIENTIFIC MEN.—The society for this object held its annual meeting at Paris on the 27th ult., under the presidency of M. Dumas. About £1240 were distributed during the year 1873 to men of science or their relatives.

BEQUESTS &c. TO MEDICAL CHARITIES. — Mr. Malcolm Kerr, of Glasgow, has given £500 to the Kilmarnock Fever Hospital and Infirmary. Mr. W. Spooner bequeathed £100 to the General Infirmary, £100 to the Hospital and Dispensary, and £50 to the Hospital for Women, all at Sheffield.

WEST OF ENGLAND SANATORIUM.—Through the instrumentality of Mr. Charles Pooley, the senior medical officer, to whose exertions this institution is so largely indebted, the following unconditional gifts have been received from W. Gibbs, Esq., of Tyntesfield, and family:—For augmentation of wages (annual), £51 10s.; for New Works, £1600; for Chapel Fund, £30.

SALISBURY MEDICAL SOCIETY.—The annual meeting of this Society was held on Wednesday, June 3rd, at the White Hart Hotel, Salisbury. After the usual business had been transacted, the members sat down to luncheon, and had a very pleasant gathering. The following officers were elected for the ensuing year:—President: Mr. Davis, Heytesbury. President Elect: Mr. H. J. Manning, Lauristown. Vice-President: Dr. Pike, Weyhill. Treasurer: Dr. Good, Wilton. Secretary: Mr. Biggs, Salisbury. Committee: Messrs. Bennett, Darke, and Straton.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—A large and influential meeting of the supporters and friends of the above charity was held on Saturday last, at 3 o'clock, in order to inaugurate the Dorset House branch, 1, Dorset-street, Manchester-square. The Right Hon. the Earl of Ducie presided, and was supported by the Right Hon. Lord Selborne, Sir George Baker, Bart., Sir Charles Rowley, Bart., Sir James J. Hamilton, Bart., Sir Thomas Chambers, Q.C., M.P., Mr. W. Forsyth, Q.C., M.P., Rev. F. J. Holland, Dr. Savage, Mr. A. B. Daniell, Lady Selborne, Lady Rowley, Lady Baker, Lady Shakespeare, &c. Interesting speeches bearing upon the movement were delivered, and resolutions passed pledging the meeting to support the committee in their endeavour to extend the benefits of the institution. The secretary announced that contributions had been received to the amount of £600, towards £2000, which would be required to maintain the additional establishment.

THE PREVENTION OF CRUELTY TO ANIMALS.—The International Congress for the Prevention of Cruelty to Animals was opened on Wednesday, at the rooms of the Society of Arts, John-street, Adelphi, under the auspices of the Royal Society for the same purpose. The chair was occupied by the Earl of Harrowby, who was supported by delegates from societies existing in America, Algiers, Brussels, Berlin, Boston, Breslau, Cairo, Calcutta, Dresden, Dramstadt, Dundee, Edinburgh, Frankfort-on-the-Maine, Florence, Geneva, Hamburg, the Hague, Lyons, Palermo, St. Petersburg, Switzerland, Zurich, Rome, and many other parts of the world.

BOOKS ETC. RECEIVED.

The Vital Statistics of the Bengal Presidency.
Dr. Clay on Obstetric Surgery.
Mr. Gant: A Guide to the Examination at the Royal College of Surgeons of England.
Mr. Swain: Surgical Emergencies.
Mr. Congreve: Essays—Political, Social, and Religious.
Mr. Brown: Manual of Botany.
Mr. Crookes: Handbook of Dyeing and Calico Printing.

Medical Appointments.

ATKINSON, R. W., B.Sc., F.C.S., Member of the Berlin Chemical Society, has been appointed Professor of Chemistry at the Imperial College, Tokei (Yedo), Japan.

BADDELEY, G. A., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the newly formed Church-Eaton District of the Penkridge Union, Staffordshire.

BEDFORD, C. F., L.S.A.L., has been appointed Medical Officer to the Feeling Heart Lodge of Odd Fellows, Manchester Unity, Sleaford, vice John Bedford, M.R.C.S.E., deceased.

BEVAN, J. P., L.R.C.P.I., M.R.C.S.E., has been appointed Medical Officer for No. 1 District of the Cheltenham Union, vice Beach, resigned.

BOLDERO, F., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Penkridge District of the Penkridge Union.

CLAYTON, J., M.R.C.S.E., has been appointed Medical Officer of Health for Banff.

CROLY, R., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Crossakiel District of the Oldcastle Union, Co. Meath, vice Carleton, appointed to the Delvin Dispensary District and the Workhouse of the Delvin Union.

DONOVAN, W., L.R.C.P.Ed., L.R.C.S.Ed., L.M., has been appointed Medical Officer and Registrar of Births &c., for the Carrignavar No. 2 Dispensary District of the Cork Union, and Medical Attendant to the Royal Irish Constabulary, Carrignavar, Whitchurch, and Glanvill Stations, vice O'Flynn.

FORD, M., M.R.C.S.E., L.R.C.P.Ed., has been appointed Junior Assistant Medical Officer to the Hants Lunatic Asylum, Knowle.

FRENCH, H., M.R.C.S.E., has been appointed Medical Officer for the Beaconsfield District of the Amersham Union, vice Wadd, resigned.

GILL, G. T., L.R.C.P., has been appointed Resident Physician to the Fever Wards, Royal Infirmary, Edinburgh.

GLINCHY, C. E., M.D., L.R.C.S.Ed., has been appointed Resident Medical Officer to the Lambeth Infirmary, Princes-road, vice Oxley, resigned.

GRANGER, F. W., M.R.C.S.E., has been appointed Medical Officer of Health for the Cardiff Rural Sanitary District: £200 per annum for three years; acreage 78 864; population 22,165.

GRAY, T. S., M.D., L.R.C.S.Ed., has been appointed Surgeon to the Institution for the Deaf and Dumb, Dundee, vice Begg, deceased.

HARRISON, T. L., M.D., has been appointed Medical Officer to the Gaol, Fort Charlotte, Shetland, vice Cowie, deceased.

HICKSON, A. T., M.B., L.R.C.S.I., has been appointed Junior House-Surgeon to the Borough Hospital, Birkenhead, vice O'Meara, resigned.

ILOTT, H. J., M.B., C.M., M.R.C.S.E., has been appointed House-Surgeon to the General Hospital, Croydon, vice Harding, who was appointed, but declined.

IRVING, Mr. G. R., has been appointed Surgeon to the Cancer Hospital, vice Mr. John Foster, resigned.

KEELAN, P., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Dunleer Dispensary District of the Ardee Union, Co. Louth, vice Clarke, deceased.

KERSTEVEN, L., M.R.C.S.E., has been appointed Assistant Medical Officer to the Derby County Lunatic Asylum.

KINGSLEY, G. T., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Borrisokane Dispensary District of the Borrisokane Union, vice Mac Garvey, deceased.

MACKENZIE, J. W. H., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Cheadle District of the Cheadle Union, Staffordshire, vice Webb, deceased.

O'FLYNN, D. B., M.D., M.R.C.S.E., has been appointed Medical Officer for the Carrignavar No. 1 Dispensary District of the Cork Union, vice Townsend, appointed to the Queenstown Dispensary District of the Cork Union.

OGLE, J. W., M.D., F.R.C.P.L., has been appointed Consulting Physician to the School for the Indigent Blind, vice Fuller, deceased.

RAWSON, E. E., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer of Health for the Clayton and Thornton Urban Sanitary Districts: £45 per annum; acreage 4300; population 9758.

RUDKIN, G. M. A., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer for the No. 6 District of the York Union, vice Widdas, resigned.

SMITH, W. J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer of Health (*pro tem.*) for the Rawmarsh Urban Sanitary District: £40 per annum; acreage 2578; population 8000.

Births, Marriages, and Deaths.

BIRTHS.

BOLTON.—On the 13th inst., at Westgate-road, Newcastle-on-Tyne, the wife of Andrew Bolton, M.D., of a daughter.

BRISTOWE.—On the 13th inst., at Old Burlington-street, the wife of J. Syer Bristowe, M.D., of a son.

CARSON.—On the 12th inst., at Portrush, the wife of A. T. Carson, M.D., of a son.

FIELD.—On the 12th inst., at Bishop's-road, Hyde-park, the wife of Geo. Field, M.R.C.S.E., of Welbeck-street, of a daughter.

GAYTON.—On the 11th inst., the wife of Wm. Gayton, L.R.C.P.Ed., Medical Superintendent of the Homerton Small-pox Infirmary, of a daughter.

HARLEY.—On the 11th inst., at Harley-street, the wife of Geo. Harley, M.D., of a daughter.

SANKEY.—On the 11th inst., the wife of R. H. Heurtley Sankey, M.R.C.S.E., Medical Superintendent of the Oxfordshire and Berkshire Lunatic Asylum, Littlemore, of a son.

MARRIAGES.

CHAMBERS—MORRIS.—On the 7th ult., at Central Avenue, Indianapolis, U.S.A., John Chambers, M.D., C.M., formerly Surgeon of the Cunard R.M.S. "Abyssinia," to Eleonora Irwin, only daughter of General Thomas A. Morris.

DUNCAN—PINKERTON.—On the 11th inst., at Crossbill, Renfrewshire, Ebenezer Duncan, M.D., F.F.P. & S. Glas., to Isabella Wark, only daughter of Surgeon-Major J. Pinkerton, M.D., H.M.'s Indian Army, Bombay.

WILSON—POTT.—On the 10th inst., at the Parish Church, Broadwater, Worthing, James Wilson, M.R.C.S.E., Surgeon H.M.S. "Cambridge," to Mary Morgan, daughter of the late Frederick Pott, Esq.

DEATHS.

ALLIN.—On the 20th of Feb., J. W. Allin, M.R.C.S.E., of Benalla, Victoria, Australia, aged 28.

ATCHISON.—On the 9th inst., Thos. Atchison, M.R.C.S.E., of Gloucester-crescent, Regent's-park, Surgeon-Major, late of the Bengal Service, aged 50.

BURNS.—On the 14th inst., at Fulledge House, Burnley, Lucy Witham, youngest daughter of John Burns, Surgeon.

CAMERON.—On the 2nd inst., Robt. Cameron, M.D., of New North-road, Huddersfield, aged 59.

FERRIS.—On the 13th inst., at Stonehouse, Devon, G. T. Ferris, M.R.C.S.E., Inspector-General of Hospitals, aged 60.

GIBSON.—On the 12th inst., Alex. C. Gibson, M.R.C.S.E., of Bebington, Birkenhead, aged 61.

GOODWORTH.—On the 5th inst., Wm. H. Goodworth, L.S.A.L., of Hatfield, Doncaster, aged 66.

SCOBELL.—On the 14th inst., at Ridgway, Plympton St. Mary, Lily, the wife of J. E. Scobell, aged 27.

WOLLASTON.—On the 11th inst., at Hollington, near Hastings, Alex. L. Wollaston, M.B., F.R.S., aged 69.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

Notes, Short Comments, and Answers to Correspondents.

DONIZETTI'S SKULL.

"THE dome of thought, the palace of the soul," as Byron calls the human skull, has been put to strange uses in its time. The old Norse Sea-Kings converted it into a drinking-cup; the Red Indian wore the scalp as a martial ornament. But its use as a money-box has apparently been reserved for the Mammon-worshiping nineteenth century. Oddly enough, it is the author of "Lucrezia Borgia" whose skull has been so utilised. Some months ago the municipality of Bergamo disinterred the body of Donizetti to transfer it from the family tomb of the Pezzolis to the cemetery. It was found that a portion of the skull was missing, the surgeon who performed the autopsy having removed it. On his death it passed into the hands of his nephew, who converted it into a money-box. The municipality has taken proceedings against him, and he has handed over the relic, which will be deposited in the Church of Santa Maria Maggiore. Poor Donizetti died a lunatic, the result of incessant opera production, in the course of which he realised a great fortune. Cynical indeed must be his compatriot who could treat the palace of that soul from which flowed such immortal melodies, in the spirit of a box-keeper!

VENEREAL DISEASE IN CLUB PATIENTS.

Dr. J. S. Roberts.—There is in the best Clubs a rule that members shall not receive sick benefits when their disease is of a venereal character, and it is the practice, as far as we know, of Club surgeons to charge Club patients with such complaints as ordinary patients. In the present case the absence of a rule makes the case a little less easy; but if it is the practice of Clubs to exclude such cases from sick benefits, it is hard to expect the doctor to attend them, especially if, beforehand, he gives warning to the patient that his will not be treated as a Club case.

Observer.—Advertisements of the kind enclosed are reprehensible from a professional point of view, and beneath notice.

F.R.C.S. will do well to stay away from the *conversazione*.

THE AFRICAN PIGMIES.

ROME is at present lionising two little men brought by Prof. Panceri from Cairo as a present to the King of Italy from their discoverer, Miani, the Central African explorer, who, like Livingstone, lost his life in travel. Homer, Herodotus, and Aristotle, contain notices of the dwarfish tribes on the Upper Nile and in parts of Arabia and India—notices which have been corroborated by Schweinfurth, who actually saw some pigmy jugglers of the Akka tribe at the Court of King Munza in Monbuttu. The two specimens now in Rome belong to that very tribe, located in the equatorial regions to the west of the Albert Nyanza Lake. The two Akkas left by Miani were examined and described by Schweinfarth, Owen, and Cornalia; while Prof. Panceri also made an accurate study of them. They seem to be about ten or fifteen years old. The names given to them by Miani were Thibaut to the elder, after his late friend, the French Consul at Khartoum; and Chair-Alla (Good-of-God) to the younger. They speak the dialect of their tribe, different from any known African language, and imperfectly understood by the Egyptian sergeant, a native of Soudan, who accompanies them, as the sole survivor of the escort with which Miani penetrated into Monbuttu. Their stature in Khartoum in November last was—Thibaut, 0 m. 88 c.; Chair-Alla, 0 m. 78 c. In Cairo last February, 1 m. 11 c., and 1 m. 00 c.; in Cairo in May, 1 m. 13 c., and 1 m. 00 c.; and in Naples on the 21st ult., 1 m. 15 c. and 1 m. 00 c. Schweinfurth's Akka died on the journey between fifteen and sixteen years of age, when he was 1 m. 25 c., and had ceased to grow. The jet black sergeant who accompanies them, and acts as their interpreter, is tall of stature, and was presented to the King along with the pigmies. For his fidelity to Miani, the King presented him with the ribbon and medal of Civil Valour, besides a pair of handsome revolvers and a purse of Napoleons. The pigmies are under the care of the Royal Geographical Society of Italy. They were at first to have been educated at the Chinese College at Naples; but, that being under Jesuit influence, the Senator, Minisealchi Erizzo, a member of the Geographical Society, has offered to take and educate them in his villa on Lago Maggiore. Meanwhile they are staying at the Suez Hotel, where they are fond of angling for the gold and silver fish in the ornamental tank in the garden. They are intelligent in manner, but resent being too much lionised, and are prone to scratch the ladies who kiss them!

J. C. L.—The matter shall receive attention.

NON-PAYMENT OF MEDICAL WITNESSES.

To the Editor of THE LANCET.

SIR,—On May 16th I received a summons from the Shoreditch County Court to attend and give evidence in the case of a man who had been an in-patient of this hospital during the time I was house-surgeon, and who on leaving sued the Metropolitan Tramway Company for damages. On inquiry I was told that, the man suing in *formâ pauperis*, I should get no fee from him, but that the proper way would be to apply to the Court; so before being sworn I appealed to the presiding Judge to order my expenses. I was told by him, in a somewhat uncourteous manner, that he had no authority to order me any remuneration, as the man, being a pauper, had no money, and there was no fund for such a purpose. I then asked him if I was compelled to give my evidence, and he told me that I was, adding, as a piece of gratuitous information of his own, "that he had no doubt I could better afford to attend for nothing than many others who had to do so"—a point which, as it appeared to be *nihil ad rem*, I did not attempt to argue with him. I gave my evidence, and on my return wrote to the Secretary of State, asking him to allow me the usual fee for attendance at a County Court, and in a few days received a communication, stating that he had no fund from which he could do so, but begged to point out "that I had the usual remedy which the law provides for witnesses summoned in civil cases."

Now, Sir, I am anxious to know what the remedy is. In an ordinary civil case you can, I believe, apply to the Judge to order your expenses to be paid into Court, or refuse to give your evidence. I did this, but was told that I could be compelled to be sworn. Where, then, lies the remedy? Should I have been justified in refusing to attend the Court at all? Not being an ordinary subpœna, but a summons from the Court, I conceived that I was obliged to do so; and afterwards, somewhat to my dismay, found that I had wasted a whole morning, to the total neglect of my hospital duties, and had been placed at considerable personal inconvenience, and could obtain no fee. I may never again meet with a similar case; but others may, and, as much for their information as my own, I should like to know the proper course to pursue; and I have no doubt that either you, Sir, or some of the readers of your valuable journal will be able to inform me.

I am, Sir, yours &c.,

St. Bartholomew's Hospital, June 2nd, 1874. S. WAYLEN.

BENEVOLENT MEDICAL MEN.

PARIS possesses a Society called the "National Society for the Encouragement of Good Deeds," the president being M. Elie de Beaumont. At the annual meeting, held a few days ago, no less than twelve medical men obtained medals for acts of courage, benevolence, or disinterestedness, as also for books and pamphlets written with the object of benefiting mankind.

Jus.—Our correspondent's case is a very hard one, but not one that admits of easy redress. It is out of the question to hold responsible the medical man at whose instance he was sent for. The friends are really responsible, and, under the Medical Act, might possibly be made to pay; but as "*Jus's*" position was that of a consultant, his fee is supposed to be of the nature of an honorarium, and to be paid without appeal to law courts. Some allowances must be made for the obvious urgency of the case; but this does not excuse the friends from recognising their obligation to our correspondent.

MAJORCA.

FOR the last six months of 1873 small-pox prevailed in the island, and still exists in the dirtier suburbs of the city of Palma. It has been worst, of course, in the badly-ventilated and unscavenged parts of the town, especially those occupied by tanners. With few exceptions, only children and unvaccinated persons were attacked. Justly reputed to possess one of the finest climates in Europe, Majorca has yet, within eight years, suffered from three epidemics, each attended with much distress. They have impeded the progress of the island, and injured its sanitary reputation. But their cause, the badness of the drainage in the capital, is quite capable of being removed. The first epidemic was that of cholera, which exploded suddenly in 1865. It was confined to the town of Palma, which had been exempt from the disease since 1821. Such was the panic occasioned by the last outbreak that it caused perhaps more deaths than the disease itself. In a population of less than 50,000 the mortality reached at one time 130 daily. The flight of the inhabitants almost emptied the town, and caused a suspension of business which has been felt disastrously ever since. A similar occurrence took place in 1870 during the reported invasion of yellow fever, when the city again became depopulated by the official announcement of the disease. But in this year, when the panic was scarcely less than at the time of the cholera, the death-roll for Palma was 1441 only, including 200 cases set down to the yellow fever, being 272 per cent. of the population—a proportion, according to statistics lately published, equalled only in the capitals of the Spanish provinces in Teruel and Lugo; while the total for all Majorca was 6711, or 2·36 per cent. of the inhabitants. Only six of the Spanish provinces give a proportion more favourable to life than this: the Canary Islands, Lugo, Pontevedra, Corunna, Oviedo, and Orense. During the past year the deaths from small-pox were much more numerous than from the previous epidemic. But, according to the reports of the medical men, nearly all the cases were due to the obstinate aversion to vaccination on the part of the population, the educated as well as the ignorant. In the interior of the island vaccination is much more frequently adopted—the country-women even vaccinating their children themselves in the absence of the doctor. Hence the disease was much milder out of town than in it.

Mr. Pope, (Tring.)—We are sorry we cannot notice the matter in the way it deserves.

DEATH CERTIFICATES.

To the Editor of THE LANCET.

SIR,—Will you allow me to express my humble opinion that you have scarcely done justice to the hardly-worked and poorly-paid members of the profession when (judging by the tone of your article) you appear to acquiesce in the proposal of leaving to medical men the task of obtaining, as best they can, the fee for death certificates (whatever that fee may amount to) from their patients instead of from the State.

You, Mr. Editor, must be perfectly well aware of the inequality of this arrangement, whereby the "heads of the profession" may obtain high fees, and the poorer members nothing, or next to nothing. My business, for example, lies principally amongst the poor, and I, for one, should be ashamed to demand a fee from such people. I presume that the information required is of equal value to the State whether it relates to the death of the rich or of the poor, and should be paid for *equally* by the State. It is nothing to the purpose that the payment of the fee will double or treble the present cost of death registration. If the nation requires the information, let the nation pay for it in the only equitable manner in which it can be paid for. To my thinking, it is an iniquitous suggestion that medical men should be required to give gratuitous service of this sort under penalty for non-compliance. How is it, let me ask, that the members of the medical profession alone, of all the professions, are expected to act as unpaid servants of the State? Would the promoters of a Bill bearing upon lawyers dare to insult the members of the legal profession in this manner?

Your obedient servant,

June, 1874. M.D.

*** Our correspondent has certainly not "done justice" to us in his remarks. We think, and have repeatedly affirmed, that the profession have an equitable claim upon the State for supplying information held to be so valuable as the medical certificates of causes of death now are. But we know perfectly well that it is utterly useless to press this point upon the Legislature, and we simply acquiesce in the inevitable, as our correspondent will have to do.—ED. L.

ALLOWANCE OF WINE TO PAUPERS.

DR. REID'S orders for wine to pauper patients having been the subject of reflection by one of the guardians of the Pembroke Union, Mr. Tregenna, Dr. Reid naturally complained at a recent meeting of the language used by Mr. Tregenna, and defended himself. Mr. Tregenna's language was to the effect that Dr. Reid had saved his medicines by ordering wine. Mr. Tregenna, while not venturing to justify such an insinuation, had not the grace to withdraw it. Dr. Reid showed the unreasonableness of the charge by saying that the amount of wine ordered by him would not exceed one glass for each sick pauper in six months. He said his principle was to shorten convalescence by liberal allowances of meat and wine in the interest of the ratepayers as well as of the patients. His list of pauper patients was about one-third what it was four years ago.

CREMATION.

A SOCIETY has been formed at Vienna, under the name of "The Urn," to promote the practice of cremation. Another Society, just founded in New York, has petitioned the Legislature to obtain the authorisation of proceeding to incineration of the dead. The cost will be 8 dollars per corpse, and the Society undertakes the construction of the necessary apparatus, which will necessitate an expense of about £2000. This sum has already been subscribed.

A NEW WATERING-PLACE.

FROM a preliminary report on the sanitary condition of the Fylde district, which has been drawn up by Mr. Hinckes Bird, the medical officer of health, we get an intimation that a new watering-place on the Lancashire coast is in process of creation. Situate between Blackpool and Lytham, about three miles from the latter, is a place named St. Anne's-by-the-Sea, where, by way of a beginning, a church has been built and consecrated, a marine hotel and some private houses being now in the builders' hands. Here it is proposed to found a "sea-side" town, and we can only hope most fervently that the "opportunities" which are said to be at the command of the founders will be taken advantage of to the utmost extent. Mr. Bird's suggestion that possibly we may at last see a town built "on virgin soil, and laid out in accordance with all modern improved sanitary principles as to drainage, sewerage, &c.," smacks of Utopia. No doubt if, with such a basis to work on, he can ensure an "absence of nuisances prejudicial to health," he is quite justified in anticipating for St. Anne's-by-the-Sea a renown for salubrity which will quite throw its rivals into the shade. But human nature being what it is—or rather, sanitary authorities being what they commonly are,—we hope, more than we believe, that Mr. Bird's dream will be realised in fact.

INTERNATIONAL MEDICAL CONGRESS OF BRUSSELS.

THIS meeting is fixed for the 19th of September, 1875, and the organising committee, of which M. Vleminkx is the president, have published the rules. The Congress will last a week, and its labours will be carried out by 5 sections—viz.: 1, Medicine, Surgery, and Obstetrics; 2, Military Surgery; 3, Hygiene; 4, Ophthalmology; 5, Pharmacology. These sections will be in proper time supplied with questions, to be published several months before the meeting. Other subjects may be discussed by the sections.

Rev. C. W. Rees.—Our correspondent had better take a legal opinion on the matter.

F.R.C.S.—He cannot.

Mr. Wm. Daly Moore.—The procedure is contrary to professional usage.

BIRTH OF A CHILD WEIGHING OVER TWELVE POUNDS.

To the Editor of THE LANCET.

SIR,—I was summoned to Mrs. H——, in labour of her ninth child, at 4 A.M. on March 22nd, 1874, the labour having commenced at 10 A.M. the day prior, and the midwife in attendance finding the case making no progress. The pains were continuous, and the woman, who is large and powerfully framed, was constantly rolling from side to side, so that it was difficult to restrain her. Vaginal examination disclosed the membranes so excessively tense that at first it was difficult to ascertain the presentation; and as from the size of the abdomen I expected the woman was bearing twins, I wished to avoid rupturing the membranes. I waited till the pains became more natural, and then ascertained that the head presented. Under chloral hydrate the pains speedily became natural. At 5.15 A.M. the membranes ruptured, and at 7.45 A.M. the woman was delivered of the largest perfect female child I have ever seen. Carefully weighed, the weight was 12 lb. 10½ oz.; the length from head to foot, 22½ in.; measurement round head, 16 in.; and round neck, 10 in. The placenta was enormous, filling an ordinary chamber utensil. With the exception of some severe head symptoms, which speedily subsided under calomel and Dover's powder, the woman has made an excellent recovery; the child is also thriving.

I am, Sir, your obedient servant,

R. B. READ, M.R.C.S. Eng., &c.

Randwick, New South Wales, April 10th, 1874.

"CLEVER SURGICAL OPERATION."

UNDER the above heading, the Limerick correspondent of the *Irish Times* reports the removal of a tumour from the back of a patient in the Workhouse Infirmary of Limerick by "Dr. Barry, one of the visiting physicians." "The rather hazardous operation was commenced by compressing the tumour daily with patent gutta-percha ligatures, and on Friday it was successfully cut off with the patent saw." The tumour, "which weighed nearly a stone, and presented a highly vascular appearance, is to be preserved in spirits, and forwarded to the medical museum in Dublin." From the fact that three copies of the *Irish Times* in which the above passage is marked have been sent to us from different parts of Ireland, it would appear that the profession generally there do not look with favour on such announcements. We hope that Dr. Barry will be the first to repudiate any knowledge of the authorship of the paragraph.

Messrs. Henry S. King and Co., (Cornhill.)—The volumes on Vital Statistics by Dr. Bryden have been received.

Mr. King.—Consult our advertising columns.

SPREAD OF SMALL-POX.

To the Editor of THE LANCET.

SIR,—I noticed in your issue of last week a case of small-pox travelling by rail. I have now a patient under my care, who went to a Club dinner some days ago, and the same night actually slept with a man who had the variola rash quite apparent all over his face, my patient not thinking that it could be of any hurt. On having the usual premonitory symptoms, and then learning that the man with whom he had slept was then ill with small-pox, it at once struck me he was about having the same disease. I commenced by giving an emetic when I saw him on Saturday last; but the rash is now running its usual course, and is of the distinct type, with much delirium and restlessness. My patient was vaccinated when a child, is of a strong, robust constitution, and twenty-two years old, with the vaccine marks very visible indeed. I am, Sir, yours truly,

J. N. HERBIN, L.R.C.S.I., &c.

Chart Sutton, Staplehurst, June 15th, 1874.

HEALTH OFFICERS AND GENERAL PRACTITIONERS.

A CORRESPONDENT complains that the newly appointed medical officer of health of his district, in the discharge of his duties as health officer, enters the houses and bedrooms of the patients of other medical men, giving them advice, and expatiating on their cases. Such proceedings on the part of health officers are certainly very much to be condemned, and are not contemplated by the law. If it seems necessary or desirable that a health officer should inspect the bedrooms of patients or even see certain cases, his obvious course would be to put himself in communication with the medical man in attendance. According to our correspondent, the gentleman in question obtained the appointment on the ground of his being of independent means, and not intending to practise. The guardians thought that he would be likely to act more impartially than if he were, like the other practitioners, in private practice. But no sooner had the appointment been ratified than the medical officer of health commenced to practise. There may be some error on our informant's part as to the conditions of the health officer's appointment. If there is not, all that seems necessary to us is that the breach of the conditions should be reported to the Board of Guardians.

F.R.C.S.I. does not enclose his name and address with his communication, which is one that requires to be, as far as practicable, authenticated.

E. H. R.—Dunglison's Dictionary.

HÆMATIC IRON.

MESSRS. PAGUELIN AND JOLLY state, in a paper presented to the Academy of Sciences of Paris by M. Charles Robin, that calcination is a defective method in the search for iron in the blood; that the results vary according to the time bestowed on the operation and the composition of the substances submitted to analysis; and that carbonisation in a closed vessel at a temperature as low as possible should be preferred. The authors add that their experiments explain the variety of results obtained by the different chemists who have endeavoured to determine the constitution of hæmatic iron.

ERRATA.—The title of Dr. Tilt's paper read at the Obstetrical Society, and published in our last number, should have been "On Lymphangitis in *Pelvic* Pathology."—In the report of the case of Hydrophobia by Mr. Geo. Garnham, of Ripley (THE LANCET June 6th, p. 823, 2nd col., line 10, the word "drink" should be substituted for "think."—In the 17th line of the annotation on Sir Thomas Bazley's Attack on the Commissioners on Factory Labour, p. 848, for "proof," read "disproof."

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. Bryant, London; Mr. Berkeley Hill, London; Mr. Spencer Watson, London; Mr. Teevan, London; Mr. Charlton, London; Mr. J. M'Carthy, London; Dr. Thomson, Oldham; Mr. J. Bredin, Chart Sutton; Mr. H. W. Larkin, Bilston; Dr. Ruddock, London; Dr. A. Meadows, London; Dr. Ralfe, London; Dr. Garnham, Ripley; Mr. Claugh, Chester; Rev. C. W. Ross; Mr. Tallack, London; Dr. Barlow, Manchester; Messrs. King and Co., London; Mr. A. Hayes; Mr. Moore, Neath; Mr. W. Paterson, London; Mr. Blasson, Edgware; Dr. Dickson, London; Dr. Grabham, Earlswood; Dr. Speedy, London; Mr. Charles Smith, Brighton; Mr. Tytler, London; Mr. Custance, London; Mrs. Sandford, London; Mr. Taylor, Buxton; Dr. Mackern; Mr. Osborn, London; Dr. Fergus, Glasgow; Mr. Clover, London; Mr. Tobin, Leeds; Dr. Pierce; Mr. C. Glass, Melbourne; Mr. Cockerell, London; Dr. Foote, Rotherham; Mr. Hardyman, Macclesfield; Mr. Kellett; Dr. Moore, Harlesden; Dr. Handyside, Edinburgh; Mr. Smellie, Kilburn; Mr. Vigers, London; Messrs. Hogarth, London; Dr. Livy, Bolton; Mr. Pooley, Weston-super-Mare; Mr. Beggs, Salisbury; Mr. Scobell, Plympton St. Mary; Mr. Collette, London; Mr. Richards, Cleckheaton; Mr. Elliott, Whittlesea; Mr. Etheridge, Teignmouth; Dr. Carson, Portrush; Messrs. Dawson Brothers, Montreal; Dr. Dufer, Paris; Dr. Hay, Logmore; Dr. Stokoe, Peckham-rye; Mr. S. L. Smith; Messrs. Krohne and Sesemann; Dr. Lindsay, Mickleover; Mr. D. P. Saer, Pembroke; Mr. Haviland, Northampton; Dr. Denton, Bridlington; Mr. C. Rawson, London; Observer; F.R.C.S.I.; Nemo; A Licentiate; Volens; Medicus; The Secretary of the Samaritan Free Hospital; M.D.; Quadraginta; P. P., Scarborough; &c. &c.

LETTERS, each *with enclosure*, are also acknowledged from — Mr. Wildy, London; Dr. Watson, Dresden; Dr. Reid, Pembroke; Mr. Tattersall, Bacup; Mr. Kidston, Glasgow; Mr. Whall, Worksop; Mr. Shepherd, Stourbridge; Mr. Griffiths, Worthen; Mr. Bates, Allenheads; Dr. Bland, Macclesfield; Dr. Chambers, Indianopolis; Mr. Knapton, Thaxted; Dr. Hughes, Deal; Mr. Venosta, Brighton; Mr. Brett, Bridlington; Mr. Hodgson, Carlisle; Mr. Edwards, London; Mr. Davies, Morriston; Dr. Andrew, Hendon; Mr. Crofts, Dover; Mr. Turner, Dymchurch; Mr. E. J. Thompson, London; Mr. Horgan, Conisborough; Dr. Munro, Henley; Mr. Burns, Burnley; Mr. Shaw, Sheffield; Mr. Payne, London; Mr. Weekes, Chatham; Mr. Sleemand, Corsham; Mr. Parrott, Putney; Dr. Chapman, London; Mr. Carruthers, Norwood; Mr. Pettinger, Manchester; Dr. Duncan, Glasgow; Mrs. Phillips, Kidderminster; Mr. Spicer, Chard; Mr. Gardiner, Bishop Auckland; Mr. Fletcher, Hackney; X. Y., Ramsay; Medicus, Kingsland; X. Y. Z.

South London Journal, Sunday Times, Welshman, Newcastle Daily Chronicle, Cork Constitution, Manchester Guardian, Irish Times, Huddersfield Daily Chronicle, Western Mercury, Eton Express, Colonies, Sussex Advertiser, Western Morning News, Barrow Daily Times, Waterford News, City Press, Irish Hospital Gazette, and *Midland Counties Express* have been received.

METEOROLOGICAL READINGS

(Taken by Steward's Instruments).

THE LANCET OFFICE, JUNE 18TH, 1874.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall.	Remarks at 8 A.M.
June 12	30·37	E.	47	54	104	64	44	...	Fine
„ 13	30·40	N.E.	47	52	99	62	42	...	Cloudy
„ 15	30·54	E.	49	53	103	61	42	...	Fine
„ 16	30·33	N.E.	51	53	99	63	46	...	Overcast
„ 17	30·13	E.	50	53	95	67	46	0·50	Raining
„ 18	30·32	E.	52	54	...	...	47	...	Overcast

Medical Diary for the ensuing Week.

Monday, June 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day and at the same hour.
GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, June 23.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, June 24.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M., and on Thursday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

Thursday, June 25.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, June 26.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL UNITED SERVICE INSTITUTION. — 3 P.M. Colonel Sir F. Goldsmid, "On certain Roads between Turkestan and India, independent of the Oxus or of any Oxus Boundary."
QUEKETT MICROSCOPICAL CLUB. — 8 P.M. Mr. S. Holmes, "On Binocular Microscopes."

Saturday, June 27.

HOSPITAL FOR WOMEN Soho-square.—Operations, 9½ A.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

NOTICE.

In consequence of THE LANCET being frequently detained by the Post Office when posted for places abroad *more than eight days after* publication, subscribers and others are reminded that such copies can only be forwarded as book packets, and *prepaid* as such.

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